TEXAS DEPARTMENT OF HEALTH

Division of Infectious Disease Epidemiology and Surveillance

Epi Case Criteria Guide

9/8/2003 10:16 AM

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Austin, Texas • August 2003
Publication No. E59-11841

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Introduction

This document provides infectious disease information for surveillance and data entry staff. It contains a table with event codes, event names, case criteria, and decision flow charts to aid in the classification and coding of events. You can move about this document by clicking on the item in the table of contents or by selecting an item from the bookmark section.

Definition of Terms

Clinically compatible case A clinical syndrome generally compatible with the disease, as described in the clinical description.

Confirmed case A case that is classified as confirmed for reporting purposes.

Epidemiologically linked case A case in which a) the patient has had contact with one or more persons who either have/had the disease or have been exposed to a point source of infection (i.e., a single source of infection, such as an event leading to a foodborne-disease outbreak, to which all confirmed case-patients were exposed) and b) transmission of the agent by the usual modes of transmission is plausible. A case may be considered epidemiologically linked to a laboratory-confirmed case if at least one case in the chain of transmission is laboratory confirmed.

Laboratory-confirmed case A case that is confirmed by one or more of the laboratory methods listed in the case definition under Laboratory Criteria for Diagnosis. Although other laboratory methods can be used in clinical diagnosis, only those listed are accepted as laboratory confirmation for national reporting purposes.

Probable case A case that is classified as probable for reporting purposes.

Supportive or presumptive laboratory results Specified laboratory results that are consistent with the diagnosis, yet do not meet the criteria for laboratory confirmation.

Suspected case A case that is classified as suspected for reporting purposes.

Event Codes, Event Names, Case Definition/Classification and Lab Confirmation Test

The following table contains event information for commonly reported conditions in Texas and is organized alphabetically by event name. The case definitions and criteria are taken from the Centers for Disease Control and Prevention web (http://www.cdc.gov/epo/dphsi/casedef/case_definitions.htm#C) or published documents or as noted.

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10560 AIDS	http://www.cdc.gov/epo/dphsi/casedef/case_definitions.htm#c Refer to the "Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome"(MMWR 1999; 48(RR13): 1-31).	In adults, adolescents, or children aged greater than or equal to 18 months, a reportable case of HIV infection must meet at least one of the following criteria: *Laboratory Criteria* ▪ Positive result on a screening test for HIV antibody (e.g., repeatedly reactive enzyme immunoassay), followed by a positive result on a confirmatory (sensitive and more specific) test for HIV antibody (e.g., Western blot or immunofluorescence antibody test), or ▪ Positive result or report of a detectable quantity on any of the following HIV viral (non-antibody) tests: 1) HIV nucleic acid (DNA or RNA) detection (e.g., DNA polymerase chain reaction [PCR] or plasma HIV-1 RNA) 2) HIV p24 antigen test, including neutralization assay 3) HIV isolation (viral culture) or *Clinical or Other Criteria (if the above laboratory criteria are not met)* ▪ Diagnosis of HIV infection, based on the laboratory criteria above, that is documented in a medical record by a physician, or ▪ Conditions that meet criteria included in the case definition for AIDS

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
11040 Amebiasis	Infection of the large intestine by *Entamoeba histolytica* that may result in an illness of variable severity ranging from mild, chronic diarrhea to fulminant dysentery. Infection also may be asymptomatic. Extraintestinal infection also can occur (e.g., hepatic abscess).	*Intestinal amebiasis*: ▪ Demonstration of cysts or trophozoites of *E. histolytica* in stool, or ▪ Demonstration of trophozoites in tissue biopsy or ulcer scrapings by culture or histopathology *Extraintestinal amebiasis:* ▪ Demonstration of *E. histolytica* trophozoites in extraintestinal tissue
10350 Anthrax	An illness with acute onset characterized by several distinct clinical forms, including the following: ▪ *Cutaneous:* A skin lesion evolving during a period of 2-6 days from a papule, through a vesicular stage, to a depressed black eschar. ▪ *Inhalation:* A brief prodrome resembling a viral respiratory illness, followed by development of hypoxia and dyspnea, with radiographic evidence of mediastinal widening. ▪ *Intestinal:* Severe abdominal distress followed by fever and signs of septicemia. ▪ *Oropharyngeal:* Mucosal lesion in the oral cavity or oropharynx, cervical adenopathy and edema, and fever. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Isolation of *Bacillus anthracis* from a clinical specimen, or ▪ Anthrax electrophoretic immunotransblot (EITB) reaction to the protective antigen and/or lethal factor bands in one or more serum samples obtained after onset of symptoms, or ▪ Demonstration of *B. anthracis* in a clinical specimen by immunofluorescence
10010 Aseptic meningitis	A syndrome characterized by acute onset of meningeal symptoms, fever, and cerebrospinal fluid pleocytosis, with bacteriologically sterile cultures. *Confirmed*: A clinically compatible illness diagnosed by a physician as aseptic meningitis, with no laboratory evidence of bacterial or fungal meningitis.	▪ No evidence of bacterial or fungal meningitis

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
12010 Babesiosis	A potentially severe and sometimes fatal disease caused by infection with a protozoan parasite of RBCs. The clinical syndrome may include fever, chills, myalgia, fatigue, and jaundice secondary to a hemolytic anemia that may last from several days to a few months. Seroprevalence studies indicate that most infections are asymptomatic. In some cases, parasitemia without symptoms may last for months or even years. Dual infection with *Borrelia burgdorferi*, causal agent of Lyme disease, is known to occur and may increase the severity of both diseases.*	▪ Identification of the parasite within RBCs on a thick or thin blood film or ▪ Demonstration of specific antibodies by serologic analysis (IFA babesial DNA [PCR]) or ▪ Isolation of the parasite in appropriate laboratory animals provides supportive evidence for the diagnosis*
10650 Bacterial meningitis, other	Bacterial meningitis manifests most commonly with fever, headache, and a stiff neck; the disease may progress rapidly to shock and death. However, other manifestations may be observed. *Confirmed*: A clinically compatible case that is either laboratory confirmed or is accompanied by a positive blood culture.	▪ Isolation of a bacterial species from the cerebrospinal fluid
88383 Bacterial syndrome, other, specify	This code may be used for early outbreak tracking.	
10530 Botulism, foodborne	Ingestion of botulinum toxin results in an illness of variable severity. Common symptoms are diplopia, blurred vision, and bulbar weakness. Symmetric paralysis may progress rapidly. *Probable*: A clinically compatible case with an epidemiological link (e.g., ingestion of a home-canned food within the previous 48 hours). *Confirmed*: A clinically compatible case that is laboratory confirmed or that occurs among persons who ate the same food as persons who have laboratory confirmed botulism.	▪ Detection of botulinum toxin in serum, stool, or patient's food, or ▪ Isolation of *Clostridium botulinum* from stool

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10540 Botulism, infant	An illness of infants, characterized by constipation, poor feeding, and "failure to thrive" that may be followed by progressive weakness, impaired respiration, and death. *Confirmed*: A clinically compatible case that is laboratory confirmed, occurring in a child aged less than 1 year.	▪ Detection of botulinum toxin in stool or serum, or ▪ Isolation of *Clostridium botulinum* from stool
10549 Botulism, wound	An illness resulting from toxin produced by *Clostridium botulinum* that has infected a wound. Common symptoms are diplopia, blurred vision, and bulbar weakness. Symmetric paralysis may progress rapidly. *Confirmed*: A clinically compatible case that is laboratory confirmed in a patient who has no suspected exposure to contaminated food and who has a history of a fresh, contaminated wound during the 2 weeks before onset of symptoms.	▪ Detection of botulinum toxin in serum, or ▪ Isolation of *Clostridium botulinum* from wound
10548 Botulism, other unspecified	See Botulism, foodborne. *Confirmed*: A clinically compatible case that is laboratory confirmed in a patient aged greater than or equal to 1 year who has no history of ingestion of suspect food and has no wounds.	▪ Detection of botulinum toxin in clinical specimen, or ▪ Isolation of *Clostridium botulinum* from clinical specimen
10020 Brucellosis	An illness characterized by acute or insidious onset of fever,night sweats, undue fatigue, anorexia, weight loss, headache, and arthralgia. *Probable*: A clinically compatible case that is epidemiologically linked to a confirmed case or that has supportive serology (i.e., *Brucella* agglutination titer of greater than or equal to 160 in one or more serum specimens obtained after onset of symptoms). *Confirmed*: A clinically compatible illness that is laboratory confirmed.	▪ Isolation of *Brucella* spp. from a clinical specimen, or ▪ Fourfold or greater rise in *Brucella* agglutination titer between acute- and convalescent-phase serum specimens obtained greater than or equal to 2 weeks apart and studied at the same laboratory, or ▪ Demonstration by immunofluorescence of *Brucella* spp. in a clinical specimen
11020 Campylobacteriosis	An infection that may result in diarrheal illness of variable severity. *Probable*: A clinically compatible case that is epidemiologically linked to a confirmed case. *Confirmed*: A case that is laboratory confirmed.	▪ Isolation of *Campylobacter* from any clinical specimen

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10273 Chancroid	A sexually transmitted disease characterized by painful genital ulceration and inflammatory inguinal adenopathy. The disease is caused by infection with *Haemophilus ducreyi.* *Probable*: A clinically compatible case with both a) no evidence of *Treponema pallidum* infection by dark-field microscopic examination of ulcer exudate or by a serologic test for syphilis performed greater than or equal to 7 days after onset of ulcers and b) either a clinical presentation of the ulcer(s) not typical of disease caused by herpes simplex virus (HSV) or a culture negative for HSV. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Isolation of *H. ducreyi* from a clinical specimen
10030 Chickenpox (varicella)	An illness with acute onset of diffuse (generalized) papulovesicular rash without other apparent cause. *Confirmed*: A case that meets the clinical case definition or is laboratory confirmed. (Source: TDH *Vaccine-Preventable Disease Surveillance Guidelines)*	▪ Positive serologic test for varicella-zoster IgM antibody; or ▪ Isolation of varicella-zoster virus (VZV), or ▪ Demonstration of VZV antigen by direct fluorescent antibody (DFA) or by polymerase chain reaction (PCR) tests from a clinical specimen, or ▪ Demonstration of a significant rise in serum varicella IgG antibody level (Source: NIP *Manual for the Surveillance of Vaccine Preventable Diseases)*
10274 Chlamydia trachomatis genital infection	Infection with *Chlamydia trachomatis* may result in urethritis, epididymitis, cervicitis, acute salpingitis, or other syndromes when sexually transmitted; however, the infection is often asymptomatic in women. Perinatal infections may result in inclusion conjunctivitis and pneumonia in newborns. Other syndromes caused by *C. trachomatis* include lymphogranuloma venereum (see Lymphogranuloma Venereum) and trachoma. *Confirmed*: A case that is laboratory confirmed.	▪ Isolation of *C. trachomatis* by culture, or ▪ Demonstration of *C. trachomatis* in a clinical specimen by detection of antigen or nucleic acid

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10470 Cholera (toxigenic Vibrio cholerae O1 or O139)	An illness characterized by diarrhea and/or vomiting; severity is variable. *Confirmed*: A clinically compatible illness that is laboratory confirmed. *Comment:* Illnesses caused by strains of *V. cholerae* other than toxigenic *V. cholerae* O1 or O139 should not be reported as cases of cholera.	▪ Isolation of toxigenic (i.e., cholera toxin-producing) *Vibrio cholerae* O1 or O139 from stool or vomitus, or ▪ Serologic evidence of recent infection
80060 Creutzfeldt-Jakob Disease (CJD)	*Probable CJD*: Progressive dementia, typical periodic high-voltage complexes on electroencephalogram (EEG), and at least 2 of the following clinical features: myoclonus, visual distrubance, cerebellar disturbance, pyramidal dysfunction, extrapyramidal dysfunction, and/or akinetic mutism. *Confirmed (Definite CJD):* Neuropathologically confirmed; and/or immunocytochemically confirmed, PrP positive (Western blot) and/or scrapie associated fibrils; the findings of spongiform encephalopathy in cerebral and/or cerebellar, and/or subcortical grey matter, and/or encephalopathy with prion protein (PrP) immunoreactivity.	See Case Definition/Case Classification
11900 Coccidioidomycosis	Infection may be asymptomatic or may produce an acute or chronic disease. Although the disease initially resembles an influenza-like febrile illness primarily involving the bronchopulmonary system, dissemination can occur to multiple organ systems. An illness characterized by one or more of the following: ▪ Influenza-like signs and symptoms (e.g., fever, chest pain, cough, myalgia, arthralgia, and headache) ▪ Pneumonia or other pulmonary lesion, diagnosed by chest radiograph ▪ Erythema nodosum or erythema multiforme rash ▪ Involvement of bones, joints, or skin by dissemination ▪ Meningitis ▪ Involvement of viscera and lymph nodes *Confirmed*: A case that meets the clinical case definition and is laboratory confirmed.	▪ Cultural, histopathologic, or molecular evidence of presence of *Coccidioides immitis*, or ▪ Positive serologic test for coccidioidal antibodies in serum or cerebrospinal fluid by 1) detection of coccidiodal immunoglobulin M (IGM) by immunodiffusion, enzyme immunoassay (EIA), latex agglutination, or tube precipitin, or 2) detection of rising titer of coccidioidal immunoglobulin G (IgG) by immunodifusion, EIA, or complement fixation, or ▪ Coccidiodal skin-test conversion from negative to positive after onset of clinical signs and symptoms

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
11580 Cryptosporidiosis	An illness caused by the protozoan *Cryptosporidium parvum* and characterized by diarrhea, abdominal cramps, loss of appetite, low-grade fever, nausea, and vomiting. Infected persons may be asymptomatic. The disease can be prolonged and life-threatening in severely immunocompromised persons. *Confirmed, Symptomatic*: A laboratory confirmed case associated with one of the symptoms described above. *Confirmed, Asymptomatic*: A laboratory confirmed case associated with none of the above symptoms.	Detection—in symptomatic or asymptomatic persons of *Cryptosporidium parvum* ▪ Oocysts in stool by microscopic examination, or in intestinal fluid or small-bowel biopsy specimens, or ▪ Oocyst or sporozoite antigens by immunodiagnostic methods, e.g., ELISA, or by PCR techniques when routinely available, or ▪ Demonstration of reproductive stages in tissue preparations.
11575 Cyclosporiasis	An illness of variable severity caused by the protozoan *Cyclospora cayetanensis* and commonly characterized by watery diarrhea, loss of appetite, weight loss, abdominal bloating and cramping, increased flatus, nausea, fatigue, and low-grade fever. Vomiting also may be noted. Relapses and asymptomatic infections can occur.	Detection—in symptomatic or asymptomatic persons— of *Cyclospora* ▪ Oocysts in stool by microscopic examination, or in intestinal fluid or small bowel biopsy specimens, or ▪ Demonstration of sporulation, or DNA (by polymerase chain reaction) in stool, duodenal/jejunal aspirates or small bowel biopsy specimens.
10680 Dengue Fever	An acute febrile illness characterized by frontal headache, retro-ocular pain, muscle and joint pain, and rash. The principal vector is the *Aedes aegypti* mosquito and transmission usually occurs in tropical or subtropical areas. Severe manifestations (e.g., dengue hemorrhagic fever and dengue shock syndrome) are rare but may be fatal. *Probable*: A clinically compatible case with supportive serologic findings (a reciprocal IgG antibody titer of greater than or equal to 1280 or a positive IgM antibody test on a single acute (late)- or convalescent-phase serum specimen to one or more dengue virus antigens). *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Isolation of dengue virus from serum and/or autopsy tissue samples, or ▪ Demonstration of a fourfold or greater rise or fall in reciprocal immunoglobulin G (IgG) or immunoglobulin M (IgM) antibody titers to one or more dengue virus antigens in paired serum samples, or ▪ Demonstration of dengue virus antigen in autopsy tissue or serum samples by immunohistochemistry or by viral nucleic acid detection

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10685 Dengue hemorrhagic fever	An acute febrile illness characterized by frontal headache, retro-ocular pain, muscle and joint pain, and rash. The principal vector is the *Aedes aegypti* mosquito and transmission usually occurs in tropical or subtropical areas. Severe manifestations (e.g., dengue hemorrhagic fever and dengue shock syndrome) are rare but may be fatal. *Probable*: A clinically compatible case with supportive serologic findings (a reciprocal IgG antibody titer of greater than or equal to 1280 or a positive IgM antibody test on a single acute (late)- or convalescent-phase serum specimen to one or more dengue virus antigens). *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Isolation of dengue virus from serum and/or autopsy tissue samples, or ▪ Demonstration of a fourfold or greater rise or fall in reciprocal immunoglobulin G (IgG) or immunoglobulin M (IgM) antibody titers to one or more dengue virus antigens in paired serum samples, or ▪ Demonstration of dengue virus antigen in autopsy tissue or serum samples by immunohistochemistry or by viral nucleic acid detection
10040 Diphtheria	An upper respiratory tract illness characterized by sore throat, low-grade fever, and an adherent membrane of the tonsil(s), pharynx, and/or nose. *Probable*: A clinically compatible case that is not laboratory confirmed and is not epidemiologically linked to a laboratory-confirmed case. *Confirmed*: A clinically compatible case that is either laboratory confirmed or epidemiologically linked to a laboratory-confirmed case. Note: Cutaneous diphtheria should not be reported. All diphtheria isolates, regardless of association with disease, should be sent to the TDH laboratory.	▪ Isolation of *Corynebacterium diphtheriae* from a clinical specimen, or ▪ Histopathologic diagnosis of diphtheria
11085 Ehrlichiosis, human granulocytic (HGE)	Tick-borne illness caused by *E. phagocytophila* characterized by acute onset of fever, headache, myalgia, and/or malaise. Nausea, vomiting, or rash may be present in some cases. (Clinical laboratory findings may include thrombocytopenia, leukopenia, and/or elevated liver enzymes. Intracytoplasmic bacterial aggregates (morulae) may be visible in the leukocytes of some patients.) *Probable*: A clinically compatible illness with either a single positive IFA titer (based on cutoff titers established by the laboratory performing the test) or the visualization of morulae in leukocytes. *Confirmed*: A clinically compatible illness that is laboratory confirmed.	▪ Demonstration of a four-fold change in antibody titer to *E. phagocytophila* antigen by IFA in paired serum samples, or ▪ Positive PCR assay and confirmation of *E. phagocytophila* DNA, or ▪ Identification of morulae in leukocytes, and a positive IFA titer to *E. phagocytophila* antigen (based on cutoff titers established by the laboratory performing the assay), or ▪ Immunostaining of *E. phagocytophila* antigen in a biopsy or autopsy sample, or ▪ Culture of *E. phagocytophila* from a clinical specimen

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
11086 Ehrlichiosis, human monocytic (HME)	A tick-borne illness caused by *E. chaffeensis* characterized by acute onset of fever, headache, myalgia, and/or malaise. Nausea, vomiting, or rash may be present in some cases. Clinical laboratory findings may include thrombocytopenia, leukopenia, and/or elevated liver enzymes. Intracytoplasmic bacterial aggregates (morulae) may be visible in the leukocytes of some patients. *Probable*: A clinically compatible illness with either a single positive IFA titer (based on cutoff titers established by the laboratory performing the test) or the visualization of morulae in leukocytes. *Confirmed*: A clinically compatible illness that is laboratory confirmed.	▪ Demonstration of a four-fold change in antibody titer to *E. chaffeensis* antigen by indirect immunofluorescence assay (IFA) in paired serum samples, or ▪ Positive polymerase chain reaction (PCR) assay and confirmation of *E. chaffeensis* DNA, or ▪ Identification of morulae in leukocytes, and a positive IFA titer to *E. chaffeensis* antigen (based on cutoff titers established by the laboratory performing the assay), or ▪ Immunostaining of *E. chaffeensis* antigen in a biopsy or autopsy sample, or ▪ Culture of *E. chaffeensis* from a clinical specimen
11087 Ehrlichiosis human, other or unspecified agent	Human ehrlichiosis which includes cases that cannot be easily classified by available laboratory techniques, and cases caused by novel *Ehrlichia* species such as *E. ewingii*. *Probable*: A clinically compatible illness with either a single positive IFA titer (based on cutoff titers established by the laboratory performing the test) or the visualization of morulae in leukocytes. *Confirmed*: A clinically compatible illness that is laboratory confirmed.	▪ Demonstration of a four-fold change in antibody titer to more than one *Ehrlichia* species by IFA in paired serum samples, in which a dominant reactivity cannot be established, or ▪ Identification of an *Ehrlichia* species other than *E. chaffeensis* or *E. phagocytophila* by PCR, immunostaining, or culture
10053 Encephalitis/meningitis, eastern equine (EEE)	*Probable*: An encephalitis or meningitis case occurring during a period when arboviral transmission is likely, and with the following supportive serology ▪ A single or stable (less than or equal to twofold change) but elevated titer of virus-specific serum antibodies; or ▪ Serum IgM antibodies detected by antibody-capture EIA but with no available results of a confirmatory test for virus-specific serum IgG antibodies in the same or a later specimen. *Confirmed*: An encephalitis or meningitis case that is laboratory confirmed.	See Case Definition/Case Classification
10054 Encephalitis/meningitis, California serogroup viral	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10051 Encephalitis/meningitis, St. Louis	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine
10057 Encephalitis/meningitis, Powassan	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine
10055 Encephalitis/meningitis, Venezuelan equine (VEE)	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine
10056 Encephalitis/meningitis, West Nile	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine
10052 Encephalitis/meningitis, western equine (WEE)	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine	See Case Definition/Case Classification for Encephalitis/meningitis, eastern equine
11560 Enterohemorrhagic Escherichia coli (EHEC) O157:H7	An infection of variable severity characterized by diarrhea (often bloody) and abdominal cramps. Illness may be complicated by hemolytic uremic syndrome (HUS) or thrombotic thrombocytopenic purpura (TTP); asymptomatic infections also may occur. *Suspect*: A case of post-diarrheal HUS or TTP (see HUS case definition). *Probable*: ▪ A case with isolation of *E. coli* O157 from a clinical specimen, pending confirmation of H7 or Shiga toxin production, or ▪ A clinically compatible case that is epidemiologically linked to a confirmed or probable case, or ▪ Identification of Shiga toxin in a specimen from a clinically compatible case, or ▪ Definitive evidence of an elevated antibody titer to a known EHEC serotype from a clinically compatible case. *Confirmed*: A case that meets the laboratory criteria for diagnosis.	▪ Isolation of *Escherichia coli O157:H7* from a specimen, or ▪ Isolation of Shiga toxin-producing *E. coli* from a clinical specimen

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
11562 Enterohemorrhagic Escherichia coli (EHEC) shiga toxin+ (serogroup non-O157)	An infection of variable severity characterized by diarrhea (often bloody) and abdominal cramps. Illness may be complicated by hemolytic uremic syndrome (HUS) or thrombotic thrombocytopenic purpura (TTP); asymptomatic infections also may occur. *Suspect*: A case of postdiarrheal HUS or TTP (see HUS case definition). *Probable*: ▪ A case with isolation of *E. coli* O157 from a clinical specimen, pending confirmation of H7 or Shiga toxin production, or ▪ A clinically compatible case that is epidemiologically linked to a confirmed or probable case, or ▪ Identification of Shiga toxin in a specimen from a clinically compatible case, or ▪ Definitive evidence of an elevated antibody titer to a known EHEC serotype from a clinically compatible case. *Confirmed*: A case that meets the laboratory criteria for diagnosis.	▪ Isolation of *Escherichia coli O157:H7* from a specimen, or ▪ Isolation of Shiga toxin-producing *E. coli* from a clinical specimen
11564 Enterohemorrhagic Escherichia coli (EHEC) shiga toxin+ (not serogrouped)	An infection of variable severity characterized by diarrhea (often bloody) and abdominal cramps. Illness may be complicated by hemolytic uremic syndrome (HUS) or thrombotic thrombocytopenic purpura (TTP); asymptomatic infections also may occur. *Suspect*: A case of postdiarrheal HUS or TTP (see HUS case definition). *Probable*: ▪ A case with isolation of *E. coli* O157 from a clinical specimen, pending confirmation of H7 or Shiga toxin production, or ▪ A clinically compatible case that is epidemiologically linked to a confirmed or probable case, or ▪ Identification of Shiga toxin in a specimen from a clinically compatible case, or ▪ Definitive evidence of an elevated antibody titer to a known EHEC serotype from a clinically compatible case. *Confirmed*: A case that meets the laboratory criteria for diagnosis.	▪ Isolation of *Escherichia coli O157:H7* from a specimen, or ▪ Isolation of Shiga toxin-producing *E. coli* from a clinical specimen

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10991 Gastroenteritis	A case of gastroenteritis is defined as a person with diarrhea or vomiting. Diarrhea is defined as three or more loose stools per day or an unexplained increase in the number of bowel movements.	None
11570 Giardiasis	An illness caused by the protozoan *Giardia lamblia* and characterized by diarrhea, abdominal cramps, bloating, weight loss, or malabsorption. Infected persons may be asymptomatic. *Probable*: A clinically compatible case that is epidemiologically linked to a confirmed case. *Confirmed*: A case that is laboratory confirmed.	▪ Demonstration of *G. lamblia* cysts in stool, or ▪ Demonstration of *G. lamblia* trophozoites in stool, duodenal fluid, or small-bowel biopsy, or ▪ Demonstration of *G. lamblia* antigen in stool by a specific immunodiagnostic test (e.g., enzyme-linked immunosorbent assay)
10280 Gonorrhea	A sexually transmitted infection commonly manifested by urethritis, cervicitis, or salpingitis. Infection may be asymptomatic. *Probable*: ▪ Demonstration of gram-negative intracellular diplococci in an endocervical smear obtained from a female, or ▪ A written morbidity report of gonorrhea submitted by a physician. *Confirmed*: A case that is laboratory confirmed.	▪ Isolation of typical gram-negative, oxidase-positive diplococci (presumptive *Neisseria gonorrhoeae*) from a clinical specimen, or ▪ Demonstration of *N. gonorrhoeae* in a clinical specimen by detection of antigen or nucleic acid, or ▪ Observation of gram-negative intracellular diplococci in a urethral smear obtained from a male
10276 Granuloma inguinale (GI)	A slowly progressive ulcerative disease of the skin and lymphatics of the genital and perianal area caused by infection with *Calymmatobacterium granulomatis*. A clinically compatible case would have one or more painless or minimally painful granulomatous lesions in the anogenital area. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Demonstration of intracytoplasmic Donovan bodies in Wright or Giemsa-stained smears or biopsies of granulation tissue

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10590 Haemophilus influenzae, invasive disease	*Haemophilus influenzae* type b may produce any of several clinical syndromes. Only invasive manifestations, however, are reportable. These include meningitis, bacteremia/septicemia, epiglottitis, pericarditis, osteomyelitis, septic arthritis, and cellulitis. *Probable*: A clinically compatible illness with detection of *H. influenzae* type b antigen in cerebrospinal fluid (CSF). (Antigen test results in urine or serum are unreliable for diagnosis of *H. influenzae* disease.) *Confirmed*: A clinically compatible case that is culture confirmed and identified specifically as *H. influenzae* type b.	▪ Isolation of *H. influenzae* from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, joint, pleural, or pericardial fluid) Note: All *H. influenzae* isolates from sterile sites should be serotyped. Please have isolates sent to the TDH Laboratory for typing or confirmation of serotype. Antigen test results in urine or serum are unreliable for diagnosis of *H. influenzae* disease.
10380 Hansen's disease (Leprosy)	A chronic bacterial disease characterized by the involvement primarily of skin as well as peripheral nerves and the mucosa of the upper airway. Clinical forms of Hansen's disease represent a spectrum reflecting the cellular immune response to *Mycobacterium leprae*. The following characteristics are typical of the major forms of the disease. Tuberculoid: One or a few well-demarcated, hypopigmented, and anesthetic skin lesions, frequently with active, spreading edges and a clearing center; peripheral nerve swelling or thickening also may occur. Lepromatous: A number of erythematous papules and nodules or an infiltration of the face, hands, and feet with lesions in a bilateral and symmetrical distribution that progress to thickening of the skin. Borderline (dimorphous): Skin lesions characteristic of both the tuberculoid and lepromatous forms. Indeterminate: Early lesions, usually hypopigmented macules, without developed tuberculoid or lepromatous features. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Demonstration of acid-fast bacilli in skin or dermal nerve, obtained from the full-thickness skin biopsy of a lepromatous lesion

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
11610 Hantavirus infection	*An acute zoonotic viral disease characterized by fever, myalgias and GI complaints followed by the abrupt onset of respiratory distress and hypotension. The illness progresses rapidly to severe respiratory failure and shock. An elevated hematocrit, hypoalbuminemia and thrombocytopenia are found in most cases. Renal and hemorrhagic manifestations are usually conspicuously absent except in some severe cases.	*Diagnosis is made by the demonstration of specific IgM antibodies by using ELISA, Western blot or strip immunoblot techniques. Most patients have IgM antibodies at the time of hospitalization. PCR analysis of autopsy or biopsy tissues and immunohistochemistry are also established diagnostic techniques in specialized laboratories.
11590 Hantavirus pulmonary syndrome	Hantavirus pulmonary syndrome (HPS), commonly referred to as hantavirus disease, is a febrile illness characterized by bilateral interstitial pulmonary infiltrates and respiratory compromise usually requiring supplemental oxygen and clinically resembling acute respiratory disease syndrome (ARDS). The typical prodrome consists of fever, chills, myalgia, headache, and gastrointestinal symptoms. Typical clinical laboratory findings include hemoconcentration, left shift in the white blood cell count, neutrophilic leukocytosis, thrombocytopenia, and circulating immunoblasts. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Detection of hantavirus-specific immunoglobulin M or rising titers of hantavirus-specific immunoglobulin G, or ▪ Detection of hantavirus-specific ribonucleic acid sequence by polymerase chain reaction in clinical specimens, or ▪ Detection of hantavirus antigen by immunohistochemistry

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11550 Hemolytic uremic syndrome, postdiarrheal	Hemolytic uremic syndrome (HUS) is characterized by the acute onset of microangiopathic hemolytic anemia, renal injury, and low platelet count. Thrombotic thrombocytopenic purpura (TTP) also is characterized by these features but can include central nervous system (CNS) involvement and fever and may have a more gradual onset. Most cases of HUS (but few cases of TTP) occur after an acute gastrointestinal illness (usually diarrheal). *Probable*: ▪ An acute illness diagnosed as HUS or TTP that meets the laboratory criteria in a patient who does not have a clear history of acute or bloody diarrhea in preceding 3 weeks, or ▪ An acute illness diagnosed as HUS or TTP, that a) has onset within 3 weeks after onset of an acute or bloody diarrhea and b) meets the laboratory criteria except that microangiopathic changes are not confirmed. *Confirmed*: An acute illness diagnosed as HUS or TTP that both meets the laboratory criteria and began within 3 weeks after onset of an episode of acute or bloody diarrhea.	The following are both present at some time during the illness: ▪ Anemia (acute onset) with microangiopathic changes (i.e., schistocytes, burr cells, or helmet cells) on peripheral blood smear and ▪ Renal injury (acute onset) evidenced by either hematuria, proteinuria, or elevated creatinine level (i.e., greater than or equal to 1.0 mg/dL in a child aged less than 13 years or greater than or equal to 1.5 mg/dL in a person aged greater than or equal to 13 years, or greater than or equal to 50% increase over baseline) Note: A low platelet count can usually, but not always, be detected early in the illness, but it may then become normal or even high. If a platelet count obtained within 7 days after onset of the acute gastrointestinal illness is not less than 150,000/mm3, other diagnoses should be considered.
10110 Hepatitis A, acute	An acute illness with a) discrete onset of symptoms and b) jaundice or elevated serum aminotransferase levels. *Confirmed*: A case that meets the clinical case definition and occurs in a person who has an epidemiological link with a person who has laboratory confirmed hepatitis A (i.e., household or sexual contact during the 15-50 days before the onset of symptoms).	▪ Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) positive

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10100 Hepatitis B, acute	A discrete onset of symptoms with jaundice or elevated serum aminotransferase levels. Additional signs and symptoms of acute hepatitis B virus (HBV) infection may include anorexia, nausea, malaise, vomiting, dark urine, clay-colored or light stools, and abdominal pain. Occasionally, extrahepatic manifestations occur and include skin rashes, arthralgia, and arthritis. *Confirmed:* A clinically compatible case that is positive for IgM antibody to hepatitis B core antigen or a clinically compatible case that is positive for the hepatitis B surface antigen and does not meet the criteria for a confirmed chronic case.	▪ IgM antibody to hepatitis B core antigen (anti-HBc) positive (if done), or hepatitis B surface antigen (HBsAg) positive and (if done) anti-HAV IgM negative Note: The best serologic test to diagnose acute hepatitis B is IgM anti-HBC. For HBsAg positive persons without an IgM anti-HBc test result, it may be difficult to distinguish between acute and chronic infection. In such situations a negative IgM anti-HAV test result is helpful to rule out hepatitis A.
10105 Hepatitis B virus infection, chronic	Persons with chronic hepatitis B virus (HBV) infection may be asymptomatic. They may have no evidence of liver disease or may have a spectrum of disease ranging from chronic hepatitis to cirrhosis or liver cancer. *Probable:* HBsAg positive and does not meet the criteria for acute hepatitis B. *Confirmed*: HBsAg positive in serum for at least 6 months or IgM anti-HBc negative and HBsAg-positive.	▪ HBc positive (if done) and IgM anti-HBc negative, or ▪ Hepatitis B surface antigen (HBsAg) positive, total anti-HBsAg positive two times at least 6 months apart
10104 Hepatitis B, virus infection perinatal	Perinatal hepatitis B in the newborn may range from asymptomatic to fulminant hepatitis. *Confirmed:* HBsAg positive in any infant aged >1 through 24 months who was born in the US or in US territories to an HBsAg-positive mother.	▪ Hepatitis B surface antigen (HBsAg) positive (Postvaccination testing for antibody to HBsAg and HBsAg is recommended from 3 to 6 months following completion of the vaccine series. If HBIG and the initial dose of vaccine are delayed for >1 month after birth, testing for HBsAg may determine if the infant is already infected.)

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10101 Hepatitis C, acute	An acute illness with a) discrete onset of symptoms consistent with acute viral hepatitis, and b) jaundice or elevated serum aminotransferase levels. *Confirmed*: A case that meets the clinical case definition and is laboratory confirmed. Note: In Texas, newly diagnosed cases are reportable. This means that the individual has no record indicating a HCV infection.	▪ Serum alanine aminotransferase (ALT or SGPT) levels greater than 7 times the upper limit of normal, and ▪ IgM anti-HAV negative, and ▪ IgM anti-HBc negative (if done) or HbsAg negative, and ▪ Antibody to hepatitis C virus (anti-HCV) positive, verified by an additional more specific assay, or ▪ Anti-HCV positive by RIBA alone, or ▪ HCV RNA positive alone
10106 Hepatitis C virus infection, chronic (past or present)	*Probable:* a case that is anti-HCV positive (repeat reactive) by EIA but the anti-HCV EIA result has not been verified by an additional more specific assay or the signal to cutoff ratio is unknown. *Confirmed*: A case that is laboratory confirmed and that does not meet the case definition for acute hepatitis C. Note: In Texas, all newly diagnosed cases are reportable. Newly diagnosed means that the individual has no record indicating a HCV infection.	▪ Antibody to hepatitis C virus (anti-HCV) positive, verified by an additional more specific assay such ar RIBA, PCR, or ▪ Anti-HCV positive by EIA with signal to cut-off ratio>3.8 or ▪ HCV positive by RIBA alone, or ▪ HCV RNA positive alone (Source: TDH, Infectious Disease Epidemiology and Surveillance Division)
10102 Hepatitis Delta co- or super-infection, acute (Hepatitis D)	*Onset is usually abrupt, with signs and symptoms resembling those of hepatitis B; may be severe and is always associated with a coexistent hepatitis B virus infection. Delta hepatitis may be self-limiting or it may progress to chronic hepatitis. Children may have a particularly severe clinical course with usual progression to chronic active hepatitis. Hepatitis delta virus (HDV) and hepatitis B virus (HBV) may co-infect, or delta virus infection may occur in persons with chronic HBV infection. In the latter case, delta hepatitis can be misdiagnosed as an exacerbation of chronic hepatitis B.	▪ *Diagnosis is made by detection of total antibody to HDV (anti-HDV) by RIA or EIA. A positive IgM titer indicates ongoing replication; reverse transcription PCR is the most sensitive assay for detecting HDV viremia.

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10103 Hepatitis E, acute	*The clinical course is similar to that of hepatitis A; there is no evidence of a chronic form. The case-fatality rate is similar to that of hepatitis A except in pregnant women, where the rate may reach 20% among those infected during the third trimester of pregnancy. Epidemic and sporadic cases have been described.	*Diagnosis depends on clinical and epidemiological features and exclusion of other etiologies of hepatitis, especially hepatitis A, by serologic means. Serologic tests have been developed for antibody to HEV, but are not commercially available in the USA. However, several diagnostic tests are available in research laboratories, which include: enzyme immunoassays and Western blot assays to detect IgM and IgG anti-HEV in serum; polymerase chain reaction tests to detect HEV RNA in serum and stool, and immunofluorescent antibody blocking assays to detect antibody to HEV antigen in serum and liver.
10561 HIV infection, pediatric	Refer to the "Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome"(MMWR 1999; 48(RR13): 1-31).	
10562 HIV infection, adult	Refer to the "Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome"(MMWR 1999; 48(RR13): 1-31).	
10568 Human T lymphotrophic virus type I infection (HTLV-I)	http://www.cdc.gov/epo/dphsi/casedef/case_definitions.htm#c	
10569 Human T lymphotrophic virus type II infection (HTLV-II)	http://www.cdc.gov/epo/dphsi/casedef/case_definitions.htm#c	
11060 Influenza, human isolates	*Confirmed:* Isolation of viral influenza by culture.	▪ Fluorescent antibody (FA) test to determine type, or ▪ Hemagglutination inhibition (HI) test to determine subtype
11950 Lead, adult	Texas Administrative Code, Title 25 Part 1, Ch. 99 – Requires the reporting of all blood lead levels, elevated and not elevated, effective April 1, 2003.	▪ Elevated adult blood lead level: a blood lead level of 25 µg/Dl in a person 15 years of age and older

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11910 Lead, child	Texas Administrative Code, Title 25 Part 1,Ch. 37 – Requires the reporting of all blood lead levels, elevated and not elevated, effective June 1, 2003. *Suspected case of child lead poisoning:* A single capillary or unknown sample type blood specimen with a blood lead level of 45 micrograms of lead per deciliter of blood (45 µg/Dl) or greater in a person younger than 15 years of age, which may result in decreased cognitive ability and other health effects. *Confirmed case of child lead poisoning:* One venous blood specimen with elevated lead concentration; or two capillary, or one or two unknown sample type blood specimens, drawn within 12 weeks of each other, both with a blood lead level of 45 micrograms of lead per deciliter of blood (45 µg/Dl) or one capillary or unknown sample type blood specimen with 45 µg/Dl drawn on a previously confirmed case. (Source: TDH, Bureau of Epidemiology) [Note: CDC recommends reporting surveillance cases as confirmed. Suspected and probable surveillance case classifications are reported as unconfirmed.]	A child blood lead level of 10 µg/Dl is considered elevated and warrants follow-up testing. ▪ Elevated blood lead level: whole blood lead concentration, as determined by a CLIA-certified facility or an approved portable device, greater than or equal to 10 µg/dL in a child ▪ Suspected child elevated blood lead level: A single capillary or unknown sample type blood specimen with a blood lead level of greater than or equal to 10 µg/dL in a person younger than 15 years old ▪ Confirmed child elevated blood lead level: 1) one venous blood specimen with a blood lead level of greater than or equal to 10 µg/dL in a person younger than 15 years old; 2) or two capillary, or one or two unknown sample type blood specimens, drawn within 12 weeks of each other, both with a blood lead level of greater than or equal to 10 µg/dL in a person younger than 15 years old; 3) or one capillary or unknown sample type blood specimen with a blood lead level of greater than or equal to 10 µg/dL in a person younger than 15 years old, drawn on a previously confirmed case. (Source: TDH, Bureau of Epidemiology)

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10490 Legionellosis	Legionellosis is associated with two clinically and epidemiologically distinct illnesses: Legionnaires disease, which is characterized by fever, myalgia, cough, pneumonia, and Pontiac fever, a milder illness without pneumonia. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Isolation of *Legionella* from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluids, or ▪ Demonstration of a fourfold or greater rise in the reciprocal immunofluorescence antibody (IFA) titer to greater than or equal to 128 against *Legionella pneumophila* serogroup 1 between paired acute- and convalescent-phase serum specimens, or ▪ Detection of *L. pneumophila* serogroup 1 in respiratory secretions, lung tissue, or pleural fluid by direct fluorescent antibody testing, or ▪ Demonstration of *L. pneumophila* serogroup 1 antigens in urine by radioimmunoassay or enzyme-linked immunosorbent assay
10390 Leptospirosis	An illness characterized by fever, headache, chills, myalgia, conjunctival suffusion, and less frequently by meningitis, rash, jaundice, or renal insufficiency. Symptoms may be biphasic.	▪ Isolation of *Leptospira* from a clinical specimen, or ▪ Fourfold or greater increase in *Leptospira* agglutination titer between acute- and convalescent-phase serum specimens obtained greater than or equal to 2 weeks apart and studied at the same laboratory, or ▪ Demonstration *of Leptospira* in a clinical specimen by immunofluorescence
10640 Listeriosis	In adults, invasive disease caused by *Listeria monocytogenes* manifests most commonly as meningitis or bacteremia; infection during pregnancy may result in fetal loss through miscarriage or stillbirth, or neonatal meningitis or bacteremia. Other manifestations can also be observed. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Isolation of *L. monocytogenes* from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, joint, pleural, or pericardial fluid) ▪ Isolation of *L. monocytogenes* from placental or fetal tissue in the setting of miscarriage or stillbirth
10306 Lymphogranuloma venereum (LGV)	Infection with L1, L2, or L3 serovars of *Chlamydia trachomatis* may result in a disease characterized by genital lesions, suppurative regional lymphadenopathy, or hemorrhagic proctitis. The infection is usually sexually transmitted.	▪ Isolation of *C. trachomatis*, serotype L1, L2, or L3, from clinical specimen, or ▪ Demonstration of inclusion bodies by immunofluorescence in leukocytes of an inguinal lymph node (bubo) aspirate, or ▪ Positive microimmunofluorescent serologic test for a lymphogranuloma venereum strain of *C. trachomatis* (in a clinically compatible case)

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11080 Lyme disease	A systemic, tickborne disease with protean manifestations, including dermatologic, rheumatologic, neurologic, and cardiac abnormalities. The best clinical marker for the disease is the initial skin lesion (i.e., erythema migrans [EM]) that occurs in 60%-80% of patients. *Confirmed*: a) a case with EM or b) a case with at least one late manifestation that is laboratory confirmed.	▪ Isolation of *Borrelia burgdorferi* from a clinical specimen or ▪ Demonstration of diagnostic immunoglobulin IgM or immunoglobulin G antibodies to *B. burgdorferi* in serum or cerebrospinal fluid (CSF). A two-test approach using a sensitive enzyme immunoassay or immunofluorescence antibody followed by Western blot is recommended
10130 Malaria	Signs and symptoms are variable; however, most patients experience fever. In addition to fever, common associated symptoms include headache, back pain, chills, sweats, myalgia, nausea, vomiting, diarrhea, and cough. Untreated *Plasmodium falciparum* infection can lead to coma, renal failure, pulmonary edema, and death. The diagnosis of malaria should be considered for any person who has these symptoms and who has traveled to an area in which malaria is endemic. Asymptomatic parasitemia can occur among persons who have been long-term residents of areas in which malaria is endemic. *Confirmed*: An episode of microscopically confirmed malaria parasitemia in any person (symptomatic or asymptomatic) diagnosed in the United States, regardless of whether the person experienced previous episodes of malaria while outside the country.	▪ Demonstration of malaria parasites in blood films
10140 Measles (rubeola)	An illness characterized by all of the following: a generalized rash lasting at least 3 days, a temperature $\geq$ 101.0^{o} F ($\geq$ 38.3 ^{o} C), and cough, coryza, or conjunctivitis. *Probable*: A case that meets the clinical case definition, has noncontributory or no serologic or viral testing, and is not epidemiologically linked to a confirmed case when there is confirmed rubella activity in the community. *Confirmed*: A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed case.	▪ Positive serologic test for measles immunoglobulin M antibody, or ▪ Significant rise in measles antibody level by any standard serologic assay, or ▪ Isolation of measles virus from a clinical specimen

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10150 Meningococcal disease (Neisseria meningtidis)	Meningococcal disease manifests most commonly as meningitis and/or meningococcemia that may progress rapidly to purpura fulminans, shock, and death. However, other manifestations might be observed. *Probable*: A case with a positive antigen test in CSF or clinical purpura fulminans in the absence of a positive blood culture. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Isolation of *Neisseria meningitidis* from a normally sterile site (e.g., blood or cerebrospinal fluid [CSF] or, less commonly, joint, pleural, or pericardial fluid)
10308 Mucopurulent cervicitis (MPC)	Cervical inflammation that is not the result of infection with *Neisseria gonorrhoeae* or *Trichomonas vaginalis*. Cervica inflammation is defined by the presence of one of the following criteria: ▪ Mucopurulent secretion (from the endocervix) that is yellow or green when viewed on a white, cotton-tipped swab (positive swab test) ▪ Induced endocervical bleeding (bleeding when the first swab is placed in the endocervix) ▪ Laboratory criteria for diagnosis	▪ No evidence of *N. gonorrhoeae* by culture, Gram stain, or antigen or nucleic acid detection, and no evidence of *T. vaginalis* on wet mount
10180 Mumps	An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting greater than or equal to 2 days, and without other apparent cause. *Probable*: A case that meets the clinical case definition, has noncontributory or no serologic or viral testing, and is not epidemiologically linked to a confirmed or probable case, has less then 2 doses of mumps-containing vaccine, and who was excluded for 9 days from any school, day-care, or work normally attended. *Confirmed*: A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed or probable case. A laboratory-confirmed case does not need to meet the clinical case definition.	▪ Detection of mumps virus by polymerase chain reaction (PCR) ▪ Significant rise between acute- and convalescent-phase titers in serum mumps immunoglobulin G (IgG) antibody level by any standard serologic assay, or ▪ Positive serologic test for mumps immunoglobulin M (IgM) antibody

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10317 Neurosyphilis	Evidence of central nervous system infection with *T. pallidum*. *Probable*: Syphilis of any stage, a negative VDRL in CSF, and both the following: ▪ Elevated CSF protein or leukocyte count in the absence of other known causes of these abnormalities. ▪ Clinical symptoms or signs consistent with neurosyphilis without other known causes for these clinical abnormalities. *Confirmed*: Syphilis of any stage that meets the laboratory criteria for neurosyphilis.	▪ A reactive serologic test for syphilis and reactive VDRL in cerebrospinal fluid (CSF)
10307 Nongonococcal urethritis (NGU)	Urethral inflammation that is not the result of infection with *Neisseria gonorrhoeae*. Urethral inflammation may be diagnosed by the presence of one of the following criteria: ▪ A visible abnormal urethral discharge, or ▪ A positive leukocyte esterase test from a male aged less than 60 years who does not have a history of kidney disease or bladder infection, prostate enlargement, urogenital anatomic anomaly, or recent urinary tract instrumentation, or ▪ Microscopic evidence of urethritis (greater than or equal to 5 white blood cells per high-power field) on a Gram stain of a urethral smear.	▪ No evidence of *N. gonorrhoeae* infection by culture, Gram stain, or antigen or nucleic acid detection
80750 Primary Amebic Meningoencephalitis (PAM/GAE)	Infection with *Entamoeba histolytica*.	▪ Confirmation is identification of *Entamoeba histolytica* by culture

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10309 Pelvic inflammatory disease (PID), unknown etiology	A clinical syndrome resulting from the ascending spread of microorganisms from the vagina and endocervix to the endometrium, fallopian tubes, and/or contiguous structures. In a female who has lower abdominal pain and who has not been diagnosed as having an established cause other than pelvic inflammatory disease (PID) (e.g., ectopic pregnancy, acute appendicitis, and functional pain), all the following clinical criteria must be present: ▪ Lower abdominal tenderness, and ▪ Tenderness with motion of the cervix, and ▪ Adnexal tenderness In addition to the preceding criteria, at least one of the following findings must also be present: ▪ Meets the surveillance case definition of *C. trachomatis* infection or gonorrhea ▪ Temperature greater than 100.4 F (greater than 38.0 C) ▪ Leukocytosis greater than 10,000 white blood cells/mm3 ▪ Purulent material in the peritoneal cavity obtained by culdocentesis or laparoscopy ▪ Pelvic abscess or inflammatory complex detected by bimanual examination or by sonography ▪ Patient is a sexual contact of a person known to have gonorrhea, chlamydia, or nongonococcal urethritis	See Case Definition/Case Classification

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10190 Pertussis	For endemic or sporadic cases, a cough illness lasting at least 2 weeks with one of the following: paroxysms of coughing, inspiratory "whoop," or post-tussive vomiting, without other apparent cause (as reported by a health professional). In outbreak settings, including household exposures, the case definition used can be modified to a “cough illness lasting at least 14 days.” *Probable*: Meets the clinical case definition (or outbreak definition for close contacts of cases), and is not laboratory confirmed (not tested or tests are negative) nor epi-linked to a laboratory confirmed case. *Confirmed:* A person with an acute cough illness of any duration who is culture positive, or who meets the case definition and is either PCR positive or is epi-linked to a laboratory confirmed case. (Source: TDH *Vaccine-Preventable Disease Surveillance Guidelines)*	▪ Isolation of *Bordetella pertussis* from clinical specimen or ▪ Positive polymerase chain reaction (PCR) assay for *B. pertussis* Note: Because *B. pertussis* can be difficult to culture, a negative culture result does not rule out pertussis.
10440 Plague	Plague is transmitted to humans by fleas or by direct exposure to infected tissues or respiratory droplets; the disease is characterized by fever, chills, headache, malaise, prostration, and leukocytosis that manifests in one or more of the following principal clinical forms: ▪ Regional lymphadenitis (bubonic plague) ▪ Septicemia without an evident bubo (septicemic plague) ▪ Plague pneumonia, resulting from hematogenous spread in bubonic or septicemic cases (secondary pneumonic plague) or inhalation of infectious droplets (primary pneumonic plague) ▪ Pharyngitis and cervical lymphadenitis resulting from exposure to larger infectious droplets or ingestion of infected tissues (pharyngeal plague) *Suspected*: A clinically compatible case without presumptive or confirmatory laboratory results. *Probable*: A clinically compatible case with presumptive laboratory results. *Confirmed*: A clinically compatible case with confirmatory laboratory results.	Presumptive: ▪ Elevated serum antibody titer(s) to *Yersinia pestis* fraction 1 (F1) antigen (without documented fourfold or greater change) in a patient with no history of plague vaccination, or ▪ Detection of F1 antigen in a clinical specimen by fluorescent assay Confirmatory: ▪ Isolation of *Y. pestis* from a clinical specimen, or ▪ Fourfold or greater change in serum antibody titer to *Y. pestis* F1 antigen

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10410 Poliomyelitis, paralytic	Confirmed: A case that meets the clinical case definition in which the patient has a neurological deficit 60 days after onset of initial symptoms, has died, or has unknown follow-up status. Note: All suspected cases of paralytic poliomyelitis are reviewed by a panel of expert consultants at the Centers for Disease Control and Prevention (CDC) before final case classification occurs.	▪ Isolation of wild-type poliovirus type 1, 2, or 3 from a clinical specimen (stool or CSF)
10450 Psittacosis (Ornithosis)	An illness characterized by fever, chills, headache, photophobia, cough, and myalgia. *Probable*: A clinically compatible case that is epidemiologically linked to a confirmed case or that has supportive serology (e.g., *C. psittaci* titer of greater than or equal to 32 in one or more serum specimens obtained after onset of symptoms). *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Isolation of *Chlamydia psittaci* from respiratory secretions, or ▪ Fourfold or greater increase in antibody against *C. psittaci* by complement fixation or microimmunofluorescence (MIF) to a reciprocal titer of greater than or equal to 32 between paired acute- and convalescent-phase serum specimens, or ▪ Presence of immunoglobulin M antibody against *C. psittaci* by MIF to a reciprocal titer of greater than or equal to 16
10255 Q Fever	Acute infection: A febrile illness usually accompanied by rigors, myalgia, malaise, and retrobulbar headache. Severe disease can include acute hepatitis, pneumonia, and meningoencephalitis. Clinical laboratory findings may include elevated liver enzyme levels and abnormal chest film findings. Asymptomatic infections may also occur. Chronic infection: Potentially fatal endocarditis may evolve months to years after acute infection, particularly in persons with underlying valvular disease. A chronic fatigue-like syndrome has been reported in some Q fever patients. *Probable*: A clinically compatible or epidemiologically linked case with a single supportive Immunoglobulin G (IgG) or Immunoglobulin M (IgM) titer. Cutoff titers are determined by individual laboratories. CDC tests for IgG antibodies with an indirect immunofluorescence assay (IFA), and uses a titer of 1:128 as the cutoff for significant antibody. *Confirmed*: A clinically compatible or epidemiologically linked case that is laboratory confirmed.	▪ Fourfold or greater change in antibody titer to *C. burnetii* phase II or phase I antigen in paired serum specimens ideally taken 3-6 weeks apart, or ▪ Isolation of *C. burnetii* from a clinical specimen by culture, or ▪ Demonstration of *C. burnetii* in a clinical specimen by detection of antigen or nucleic acid

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10340 Rabies, animal	All warm-blooded animals, including humans, are susceptible to rabies. In Texas, skunks, bats, coyotes, and foxes are the most commonly infected animals. Domestic dogs, cats, and livestock usually acquire rabies infections from wild animals. Medical authorities distinguish on the basis of clinical signs, between "furious" and "dumb" rabies. In the furious variety, the "mad dog" symptoms are pronounced. The animal is irritable and will snap and bite at real or imaginary objects. It may run for miles and attack anything in its path. The animal is extremely vicious and violent. Paralysis sets in shortly, usually affecting the hind legs first. Death follows four to seven days after the onset of clinical signs. In dumb rabies, the prominent symptoms are drowsiness and paralysis of the lower jaw. The animal may appear to have a bone lodged in its throat, sometimes causing owners to force open an animal's mouth to investigate and become unwittingly exposed to rabies. Animals with dumb rabies have no tendency to roam but will snap at movement. They are completely insensitive to pain, and usually become comatose and die from three to ten days after first symptoms appear.	▪ A positive direct fluorescent antibody test (preferably performed on central nervous system tissue) ▪ Isolation of rabies virus (in cell culture or in a laboratory animal)
10460 Rabies, human	Rabies is an acute encephalomyelitis that almost always progresses to coma or death within 10 days after the first symptom. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Detection by direct fluorescent antibody of viral antigens in a clinical specimen (preferably the brain or the nerves surrounding hair follicles in the nape of the neck), or ▪ Isolation (in cell culture or in a laboratory animal) of rabies virus from saliva, cerebrospinal fluid (CSF), or central nervous system tissue, or ▪ Identification of a rabies-neutralizing antibody titer greater than or equal to 5 (complete neutralization) in the serum or CSF of an unvaccinated person
10845 Relapsing fever	*A systemic spirochetal disease in which periods of fever lasting 2-9 days alternate with afebrile periods of 2-4 days; the number of relapses varies from 1 to 10 or more. Each febrile period terminates by crisis. The total duration of the louseborne disease averages 13-16 days; the tickborne disease usually lasts longer. Transitory petechial rashes are common during the initial febrile period. The overall case-fatality rate in untreated cases is between 2% and 10%.	*Diagnosis is made by demonstration of the infectious agent in dark-field preparations of fresh blood or stained thick or thin blood films, by intraperitoneal inoculation of laboratory rats or mice with blood taken during the febrile period or by blood culture in special media.

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11030 Reye syndrome	An illness that meets all of the following criteria: ▪ Acute, noninflammatory encephalopathy that is documented clinically by a) an alteration in consciousness and, if available, b) a record of the CSF containing less than or equal to 8 leukocytes/cu.mm or a histologic specimen demonstrating cerebral edema without perivascular or meningeal inflammation ▪ Hepatopathy documented by either a) a liver biopsy or an autopsy considered to be diagnostic of Reye syndrome or b) a threefold or greater increase in the levels of the serum glutamic- oxaloacetic transaminase (SGOT), serum glutamic-pyruvic transaminase (SGPT), or serum ammonia ▪ No more reasonable explanation for the cerebral and hepatic abnormalities *Suspected*: Any generalized rash illness of acute onset.	See Case Definition/Case Classification
10250 Rocky Mountain spotted fever	A tickborne febrile illness most commonly characterized by acute onset and usually accompanied by myalgia, headache, and petechial rash (on the palms and soles in two thirds of the cases). *Probable*: A clinically compatible case with a single IFA serologic titer of greater than or equal to 64 or a single CF titer of greater than or equal to 16 or other supportive serology (fourfold rise in titer or a single titer greater than or equal to 320 by Proteus OX-19 or OX-2, or a single titer greater than or equal to 128 by an LA, IHA, or MA test). *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Fourfold or greater rise in antibody titer to *Rickettsia rickettsii* antigen by immunofluorescence antibody (IFA), complement fixation (CF), latex agglutination (LA), microagglutination (MA), or indirect hemagglutination antibody (IHA) test in acute- and convalescent-phase specimens ideally taken greater than or equal to 3 weeks apart, or ▪ Positive polymerase chain reaction assay to *R. rickettsii*, or ▪ Demonstration of positive immunofluorescence of skin lesion (biopsy) or organ tissue (autopsy), or ▪ Isolation of *R. rickettsii* from clinical specimen

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10200 Rubella	An illness that has all the following characteristics: Acute onset of generalized maculopapular rash, and temperature $\geq 99^{o}F$ ($37.2\ ^{o}C$), if measured, and arthralgia/arthritis, lymphadenopathy, or conjunctivitis. *Probable*: A case that meets the clinical case definition, has nononcontributory or no serologic or virologic testing, and is not epidemiologically linked to a laboratory confirmed case where there is confirmed rubella activity in the community. *Confirmed*: A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a laboratory confirmed case.	▪ Isolation of rubella virus, or ▪ Significant rise between acute- and convalescent-phase titers in serum rubella immunoglobulin G antibody level by any standard serologic assay, or ▪ Positive serologic test for rubella immunoglobulin M (IgM) antibody, or ▪ Detection of rubella virus by polymerase chain reaction (PCR)
10370 Rubella, congenital syndrome	An illness of newborns resulting from rubella infection *in utero* and characterized by signs or symptoms from the following categories: (a) Cataracts/congenital glaucoma, congenital heart disease (most commonly patent ductus arteriosus, peripheral pulmonary artery stenosis), hearing loss, pigmentary retinopathy (b) Purpura, splenomegaly, jaundice, microcephaly, mental retardation, meingoencephalitis, and radiolucent bone disease *Probable*: A case that is not laboratory confirmed and that has any two complications listed in “a” of the clinical case definition or one complication from paragraph “a” and one from “b”, and lacks evidence of any other etiology. *Confirmed*: A clinically consistent case that is laboratory confirmed.	▪ Isolation of rubella virus, or ▪ Demonstration of rubella-specific immunoglobulin M (IgM) antibody, or ▪ Infant rubella antibody level that persists at a higher level and for a longer period than expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of a twofold dilution per month), or ▪ Detection of rubella virus by polymerase chain reaction (PCR)

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11000 Salmonellosis	An illness of variable severity commonly manifested by diarrhea, abdominal pain, nausea, and sometimes vomiting. Asymptomatic infections may occur, and the organism may cause extraintestinal infections. *Probable*: a clinically compatible case that is epidemiologically linked to a confirmed case. *Confirmed*: a case that is laboratory confirmed.	▪ Isolation of *Salmonella* from a clinical specimen
88730 Severe acute respiratory syndrome (SARS)	Asymptomatic or mild respiratory illness. Moderate respiratory illness: ▪ Temperature of >100.4°F (>38°C)*, and ▪ One or more clinical findings of respiratory illness (e.g., cough, shortness of breath, difficulty breathing, or hypoxia) Severe respiratory illness ▪ Temperature of >100.4°F (>38°C)*, and ▪ One or more clinical findings of respiratory illness (e.g., cough, shortness of breath, difficulty breathing, or hypoxia), and radiographic evidence of pneumonia, or respiratory distress syndrome, or autopsy findings consistent with pneumonia or respiratory distress syndrome without an identifiable cause *Probable:* Meets the clinical criteria for severe respiratory illness of unknown etiology and epidemiologic criteria for exposure; laboratory criteria confirmed or undetermined. *Suspect:* Meets the clinical criteria for moderate respiratory illness of unknown etiology, and epidemiologic criteria for exposure; laboratory criteria confirmed or undetermined. (Source: Infectious Disease Epidemiology Division.)	▪ *Confirmed:* 1) Detection of antibody to SARS-associated coronavirus (SARS-CoV) in a serum sample, or 2) Detection of SARS-CoV RNA by RT-PCR confirmed by a second PCR assay, by using a second aliquot of the specimen and a different set of PCR primers, or 3) Isolation of SARS-CoV ▪ *Negative:* Absence of antibody to SARS-CoV in a convalescent–phase serum sample obtained >28 days after symptom onset ▪ *Undetermined:* Laboratory testing either not performed or incomplete

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
11010 Shigellosis	An illness of variable severity characterized by diarrhea, fever, nausea, cramps, and tenesmus. Asymptomatic infections may occur. *Probable*: A clinically compatible case that is epidemiologically linked to a confirmed case. *Confirmed*: A case that is laboratory confirmed.	▪ Isolation of *Shigella* from a clinical specimen
11800 Smallpox	http://www.cdc.gov/epo/dphsi/casedef/case_definitions.htm#c	
11665 Staphylococcus aureus, coagulase-positive, vancomycin resistant	Infection with a resistant strain of coagulase-positive *Staphylococcus aureus*. *Confirmed*: A case that is laboratory confirmed.	▪ Isolation of *Staphylococcus* species with a vancomycin MIC of equal to or greater than 32 microgram/mL, by a reliable culture methodology, from a clinical specimen
11661 Staphylococcus aureus, methicillin-or oxicillin-resistant (MRSA)	Infection with oxacillin or methicillin resistant strain of *Staphylococcus aureus*. *Confirmed*: A case that is laboratory confirmed.	▪ Isolation of *Staphylococcus aureus* that shows resistance to oxacillin or methicillin by a reliable culture methodology, from a clinical specimen
11663 Staphylococcus aureus, vancomycin intermediate susceptibility (VISA)	Infection with a resistant strain of *Staphylococcus aureus*. *Confirmed*: A case that is laboratory confirmed.	▪ Isolation of *Staphylococcus aureus* with a vancomycin MIC of 8 - 16 microgram/mL, by a reliable culture methodology, from a clinical specimen
11710 Streptococcal disease, invasive, group A	Invasive group A streptococcal infections may manifest as any of several clinical syndromes, including pneumonia, bacteremia in association with cutaneous infection (e.g., cellulitis, erysipelas, or infection of a surgical or nonsurgical wound), deep soft-tissue infection (e.g., myositis or necrotizing fasciitis), meningitis, peritonitis, osteomyelitis, septic arthritis, postpartum sepsis (i.e., puerperal fever), neonatal sepsis, and nonfocal bacteremia.	▪ Isolation of group A *Streptococcus* (*Streptococcus pyogenes*) by a culture from a normally sterile site (e.g., blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)

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11715 Streptococcal disease, invasive, group B	Human subtypes of group B streptococci (*S. agalactiae*) produce important diseases in newborn infants. Two distinct forms of illness occur: early onset disease (from 1-7 days) is characterized by sepsis, respiratory distress, apnea, shock, pneumonia and meningitis, is acquired in utero or during delivery, and occurs more frequently in low birth weight infants. Late onset disease (from 7 days to several months) is characterized by sepsis and meningitis, is acquired by person-to-person contact, and occurs in full-term infants. Survivors of meningitis may have speech, hearing or visual problems, psychomotor retardation or seizure disorders.	▪ Isolation of group B streptococci (*S. agalactiae*) species by a culture from a normally sterile site (e.g., blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)
11716 Streptococcal disease, other, invasive, beta-hemolytic (non-group A, non-group B)	Illness resulting from non-group A, non-group B Streptococcal infection. *Confirmed*: A case that is laboratory confirmed.	▪ Isolation of non-group A *Streptococcus,* non-group B by a culture from a normally sterile site (e.g., blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)
11717 Streptococcus pneumoniae, invasive disease	*Streptococcus pneumoniae* causes many clinical syndromes, depending on the site of infection (e.g., pneumonia, bacteremia, or meningitis). *Confirmed:* A clinically compatible case caused by laboratory confirmed culture of *S. pneumoniae* from a normally sterile site.	▪ Isolation of *S. pneumoniae* from a normally sterile site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid)
11720 Streptococcus pneumoniae, invasive, drug-resistant	*Streptococcus pneumoniae* causes many clinical syndromes, depending on the site of infection (e.g., acute otitis media, pneumonia, bacteremia, or meningitis). *Confirmed:* A clinically compatible case caused by laboratory confirmed culture of *S. pneumoniae* from a normally sterile site.	▪ Isolation of *S. pneumoniae* from a normally sterile site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid) by culture that also shows resistance to any antibiotic (specify/name antibiotic in record)
50010 Sudden infant death syndrome (SIDS)	Death of an infant which remains unexplained after all known causes have been ruled out through a complete autopsy, death scene investigation, and medical and social history including, but not limited to, Child Protective Services family history of the infant. Infant -- A child younger that 12 months of age. (Source: TDH Rules relating to reimbursement to counties for SIDS autopsies.)	None

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10316 Syphilis, congenital	A condition caused by infection in utero with *Treponema pallidum*. A wide spectrum of severity exists, and only severe cases are clinically apparent at birth. *Probable*: A condition affecting an infant whose mother had untreated or inadequately treated syphilis at delivery, regardless of signs in the infant, or an infant or child who has a reactive treponemal test for syphilis and any one of the following: ▪ Any evidence of congenital syphilis on physical examination, or ▪ Any evidence of congenital syphilis on radiographs of long bones, or ▪ A reactive cerebrospinal fluid (CSF) venereal disease research laboratory (VDRL), or ▪ An elevated CSF cell count or protein (without other cause), or ▪ A reactive fluorescent treponemal antibody absorbed--19S-IgM antibody test or IgM enzyme-linked immunosorbent assay. *Confirmed*: A case that is laboratory confirmed.	▪ Demonstration of *T. pallidum* by darkfield microscopy, fluorescent antibody, or other specific stains in specimens from lesions, placenta, umbilical cord, or autopsy material
10313 Syphilis, early latent	A subcategory of latent syphilis. When initial infection has occurred within the previous 12 months, latent syphilis is classified as early latent. *Probable*: Latent syphilis (see Syphilis, latent) in a person who has evidence of having acquired the infection within the previous 12 months based on one or more of the following criteria: ▪ Documented seroconversion or fourfold or greater increase in titer of a nontreponemal test during the previous 12 months ▪ A history of symptoms consistent with primary or secondary syphilis during the previous 12 months ▪ A history of sexual exposure to a partner who had confirmed or probable primary or secondary syphilis or probable early latent syphilis (documented independently as duration less than 1 year) ▪ Reactive nontreponemal and treponemal tests from a person whose only possible exposure occurred within the preceding 12 months	See Case Definition/Case Classification

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10314 Syphilis, late latent	A subcategory of latent syphilis. When initial infection has occurred greater than 1 year previously, latent syphilis is classified as late latent. *Probable*: Latent syphilis (see Syphilis, latent) in a patient who has no evidence of having acquired the disease within the preceding 12 months (see Syphilis, early latent) and whose age and titer do not meet the criteria specified for latent syphilis of unknown duration.	See Case Definition/Case Classification
10318 Syphilis, late with clinical manifestations other than neurosyphilis	Clinical manifestations of late syphilis other than neurosyphilis may include inflammatory lesions of the cardiovascular system, skin, and bone. Rarely, other structures (e.g., the upper and lower respiratory tracts, mouth, eye, abdominal organs, reproductive organs, lymph nodes, and skeletal muscle) may be involved. Late syphilis usually becomes clinically manifest only after a period of 15-30 years of untreated infection. *Probable*: Characteristic abnormalities or lesions of the cardiovascular system, skin, bone, or other structures with a reactive treponemal test, in the absence of other known causes of these abnormalities, and without CSF abnormalities and clinical symptoms or signs consistent with neurosyphilis. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Demonstration of *T. pallidum* in late lesions by fluorescent antibody or special stains (although organisms are rarely visualized in late lesions)
10311 Syphilis, primary	A stage of infection with *Treponema pallidum* characterized by one or more chancres (ulcers); chancres might differ considerably in clinical appearance. *Probable*: A clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis and a reactive serologic test (nontreponemal: Venereal Disease Research Laboratory [VDRL] or rapid plasma reagin [RPR]; treponemal: fluorescent treponemal antibody absorbed [FTA-ABS] or microhemagglutination assay for antibody to *T. pallidum* [MHA-TP]) *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Demonstration of *T. pallidum* in clinical specimens by darkfield microscopy, direct fluorescent antibody (DFA-TP), or equivalent methods

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10312 Syphilis, secondary	A stage of infection caused by *T. pallidum* and characterized by localized or diffuse mucocutaneous lesions, often with generalized lymphadenopathy. The primary chancre may still be present. *Probable*: a clinically compatible case with a nontreponemal (VDRL or RPR) titer greater than or equal to 4. *Confirmed*: a clinically compatible case that is laboratory confirmed.	▪ Demonstration of *T. pallidum* in clinical specimens by darkfield microscopy, DFA-TP, or equivalent methods
10315 Syphillis, unknown latent	A subcategory of latent syphilis. When the date of initial infection cannot be established as having occurred within the previous year and the patient's age and titer meet criteria described below, latent syphilis is classified as latent syphilis of unknown duration. *Probable*: Latent syphilis (see Syphilis, latent) that does not meet the criteria for early latent syphilis, and the patient is aged 13-35 years and has a nontreponemal titer greater than or equal to 32.	See Case Definition/Case Classification
10210 Tetanus	Acute onset of hypertonia and/or painful muscular contractions (usually of the muscles of the jaw and neck) and generalized muscle spasms without other apparent medical cause. *Confirmed*: A clinically compatible case, as reported by a health-care professional.	None
10520 Toxic-shock syndrome, Staphylococcal	See definition for Toxic-Shock Syndrome, Streptococcal.	▪ Isolation of group *A Staphylococcus* by culture from a clinical specimen

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
11700 Toxic-shock syndrome, Streptococcal	Streptococcal toxic-shock syndrome (STSS) is a severe illness associated with invasive or noninvasive group A streptococcal (*Streptococcus pyogenes*) infection. An illness with the following clinical manifestations occurring within the first 48 hours of hospitalization or, for a nosocomial case, within the first 48 hours of illness: ▪ Hypotension defined by a systolic blood pressure less than or equal to 90 mm Hg for adults or less than the fifth percentile by age for children aged less than 16 years. ▪ Multi-organ involvement characterized by two or more of the following: *Renal Impairment*: Creatinine greater than or equal to 2 mg/dL (greater than or equal to 177 µmol/L) for adults or greater than or equal to twice the upper limit of normal for age. In patients with preexisting renal disease, a greater than twofold elevation over the baseline level. *Coagulopathy*: Platelets less than or equal to 100,000/mm^3 (less than or equal to 100 x 10^6/L) or disseminated intravascular coagulation, defined by prolonged clotting times, low fibrinogen level, and the presence of fibrin degradation products. *Liver Involvement*: Alanine aminotransferase, aspartate aminotransferase, or total bilirubin levels greater than or equal to twice the upper limit of normal for the patient's age. In patients with preexisting liver disease, a greater than twofold increase over the baseline level. *Acute Respiratory Distress Syndrome*: Defined by acute onset of diffuse pulmonary infiltrates and hypoxemia in the absence of cardiac failure or by evidence of diffuse capillary leak manifested by acute onset of generalized edema, or pleural or peritoneal effusions with hypoalbuminemia. A generalized erythematous macular rash that may desquamate. Soft-tissue necrosis, including necrotizing fasciitis or myositis, or gangrene.	▪ Isolation of group A *Streptococcus* by culture from a clinical specimen

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
12020 Toxoplasmosis	*A systemic coccidian protozoan disease; infections are frequently asymptomatic or present as an acute disease with only lymphadenopathy, or one resembling infectious mononucleosis, with fever, lymphadenopathy and lymphocytosis persisting for days or weeks.	*Diagnosis is based on clinical signs and supportive serologic results, demonstration of the agent in body tissues or fluids by biopsy or necropsy, or isolation in animals or cell culture. Rising antibody levels are corroborative of active infection; the presence of specific IgM and/or rising IgG titers in sequential sera of infants is conclusive evidence of congenital infection.
10270 Trichinosis	A disease caused by ingestion of Trichinella larvae. The disease has variable clinical manifestations. Common signs and symptoms among symptomatic persons include eosinophilia fever, myalgia, and periorbital edema. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Demonstration of Trichinella larvae in tissue obtained by muscle biopsy, or ▪ Positive serologic test for Trichinella
10230 Tularemia	Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of *Francisella tularensis*, or exposure to potentially contaminated water. An illness characterized by several distinct forms, including the following: ▪ Ulceroglandular: cutaneous ulcer with regional lymphadenopathy ▪ Glandular: regional lymphadenopathy with no ulcer ▪ Oculoglandular: conjunctivitis with preauricular lymphadenopathy ▪ Oropharyngeal: stomatitis or pharyngitis or tonsillitis and cervical lymphadenopathy ▪ Intestinal: intestinal pain, vomiting, and diarrhea ▪ Pneumonic: primary pleuropulmonary disease ▪ Typhoidal: febrile illness without early localizing signs and symptoms *Probable*: A clinically compatible case with laboratory results indicative of presumptive infection. *Confirmed*: A clinically compatible case with confirmatory laboratory results.	Presumptive: ▪ Elevated serum antibody titer(s) *to F. tularensis* antigen (without documented fourfold or greater change) in a patient with no history of tularemia vaccination, or ▪ Detection of *F. tularensis* in a clinical specimen by fluorescent assay Confirmatory: ▪ Isolation of *F. tularensis* in a clinical specimen, or ▪ Fourfold or greater change in serum antibody titer to *F. tularensis* antigen

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10240 Typhoid fever (caused by Salmonella typhi)	An illness caused by *Salmonella typhi* that is often characterized by insidious onset of sustained fever, headache, malaise, anorexia, relative bradycardia, constipation or diarrhea, and nonproductive cough. However, many mild and atypical infections occur. Carriage of *S. typhi* may be prolonged. *Probable*: A clinically compatible case that is epidemiologically linked to a confirmed case in an outbreak. *Confirmed*: A clinically compatible case that is laboratory confirmed.	Isolation of *S. typhi* from blood, stool, or other clinical specimen
10260 Typhus fever, (endemic fleaborne, Murine)	*A rickettsial disease, whose course resembles that of louseborne typhus, but is milder. Variable onset, often sudden and marked by headache, chills, prostration, fever and general pains. A macular eruption appears on the fifth to sixth day, initially on the upper trunk, followed by spread to the entire body, but usually not to the face, palms or soles. Toxemia is usually pronounced, and the disease terminates by rapid defervescence after about 2 weeks of fever. The case-fatality rate for all ages is less than 1% but increases with age. Absence of louse infestation, geographic and seasonal distribution and sporadic occurrence of the disease help to differentiate it from louseborne typhus.	*The IF test is most commonly used for laboratory confirmation, but it does not discriminate between louseborne and Murine typhus unless the sera are differentially absorbed with the respective rickettsial antigen prior to testing. Other diagnostic methods are EIA, PCR, immunohistochemical staining of tissues, CF with group specific or washed type specific rickettsial antigens, and the toxin-neutralization test. Antibody tests usually become positive in the second week. In acute disease, the initial antibody is IgM.
11541 Vibrio parahaemolyticus	An intestinal disorder characterized by watery diarrhea and abdominal cramps in the majority of cases, and sometimes with nausea, vomiting, fever and headache. Occasionally, a dysentery-like illness is observed with bloody or mucoid stools, high fever and high WBC count. Typically, it is a disease of moderate severity lasting 1-7 days; systemic infection and death rarely occur. *Confirmed*: A clinically compatible illness that is laboratory confirmed.	▪ Isolation of the Kanagawa positive vibrios from the patient's stool on appropriate media or ▪ Identification of 10^5 or more organisms per gram of an epidemiologically incriminated food (usually seafood)*

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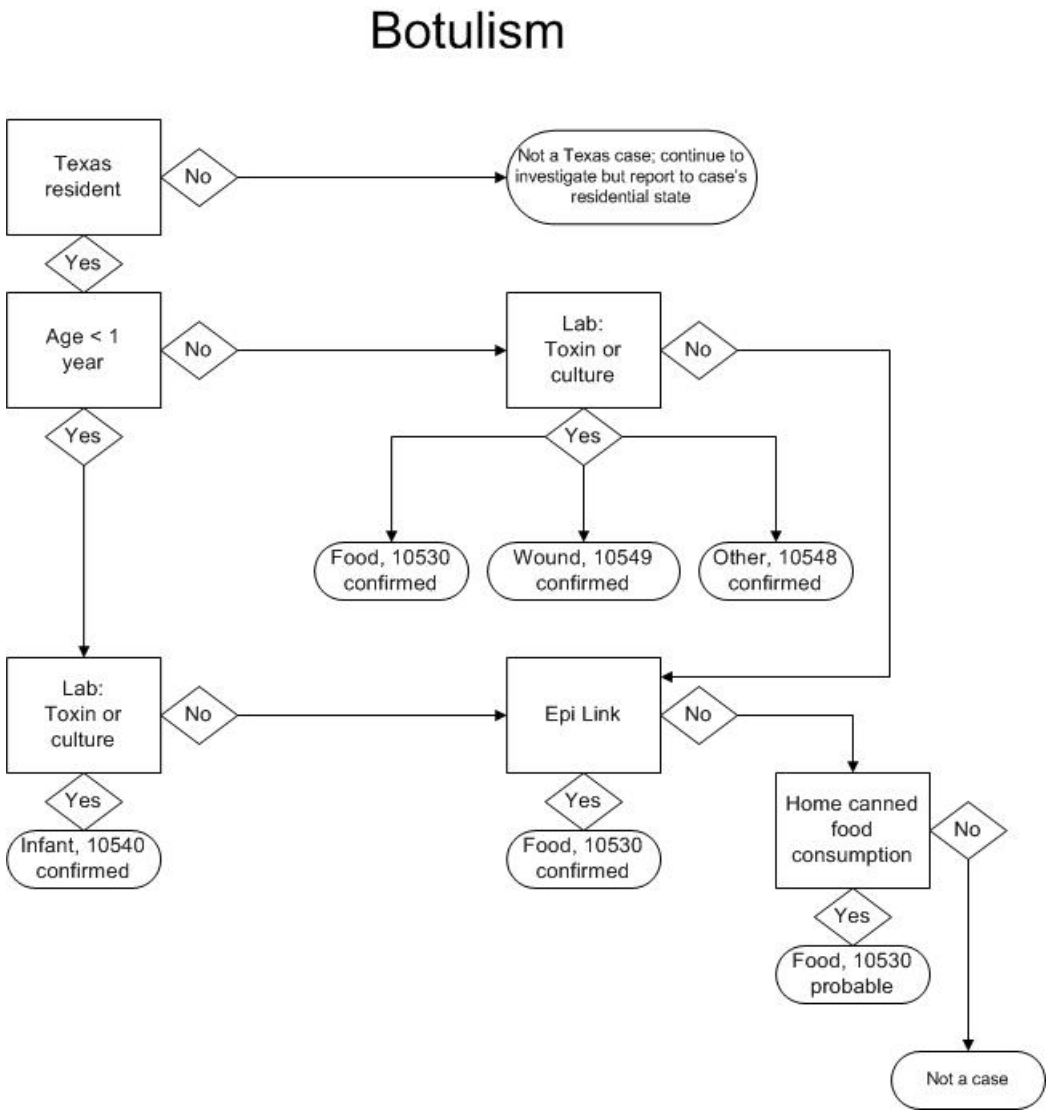
11540 Vibrio *spp*., non-toxigenic, other or unspecified	Organisms of *V. cholerae* serogroups other than 01 and 0139 have been associated with sporadic cases and small outbreaks of gastroenteritis. They have also rarely been isolated from patients with septicemic disease (usually immunocompromised hosts). An illness characterized by diarrhea and/or vomiting; severity is variable. *Confirmed*: A clinically compatible illness that is laboratory confirmed.	
11542 Vibrio vulnificus	*Infection with *Vibrio vulnificus* produces septicemia in persons with chronic liver disease, chronic alcoholism or hemochromatosis; or those who are immunosuppressed. The disease appears 12 hours to 3 days after eating raw or undercooked seafood, especially oysters. One third of patients are in shock when they present for care or develop hypotension within 12 hours after hospital admission. Three quarters of patients have distinctive bullous skin lesions; thrombocytopenia is common and there is often evidence of disseminated intravascular coagulation. *V. vulnificus* can also infect wounds sustained in coastal or estuarine waters; wounds range from mild, self-limited lesions to rapidly progressive cellulitis and myositis that can mimic clostridial myonecrosis in the rapidity of spread and destructiveness.	▪ *Isolation of the Kanagawa positive vibrios from the patient's stool on appropriate media or ▪ *Identification of 10^5 or more organisms per gram of an epidemiologically incriminated food (usually seafood)
88783 Viral syndrome, other, specify	This code may be used for early outbreak tracking in Texas.	
10049 West Nile fever	A virus that causes febrile illness usually lasting a week or less. Initial symptoms include fever, headache, malaise, arthralgia or myalgia, and occasionally nausea and vomiting; generally, there is some conjunctivitis and photophobia. Fever may or may not be diphasic. Rash is common. Meningoencephalitis is an occasional complication.	▪ Serologic tests differentiate other fevers of viral or unknown origin, but in general, viruses within the same genus are difficult to distinguish serologically. In some cases, virus isolation is possible from blood drawn during the febrile period by inoculation into suckling mice or cell culture.

Code/Event	Case Definition/Case Classification	Lab Confirmation Test
10660 Yellow fever	A mosquito-borne viral illness characterized by acute onset and constitutional symptoms followed by a brief remission and a recurrence of fever, hepatitis, albuminuria, and symptoms and, in some instances, renal failure, shock, and generalized hemorrhages. *Probable*: A clinically compatible case with supportive serology (stable elevated antibody titer to yellow fever virus [e.g., greater than or equal to 32 by complement fixation, greater than or equal to 256 by immunofluorescence assay, greater than or equal to 320 by hemagglutination inhibition, greater than or equal to 160 by neutralization, or a positive serologic result by immunoglobulin M-capture enzyme immunoassay]). Cross-reactive serologic reactions to other flaviviruses must be excluded, and the patient must not have a history of yellow fever vaccination. *Confirmed*: A clinically compatible case that is laboratory confirmed.	▪ Fourfold or greater rise in yellow fever antibody titer in a patient who has no history of recent yellow fever vaccination and cross-reactions to other flaviviruses have been excluded, or ▪ Demonstration of yellow fever virus, antigen, or genome in tissue, blood, or other body fluid
11565 Yersiniosis	Plague is transmitted to humans by fleas or by direct exposure to infected tissues or respiratory droplets; the disease is characterized by fever, chills, headache, malaise, prostration, and leukocytosis that manifests in one or more of the following principal clinical forms: ▪ Regional lymphadenitis (bubonic plague), ▪ Septicemia without an evident bubo (septicemic plague), ▪ Plague pneumonia, resulting from hematogenous spread in bubonic or septicemic cases (secondary pneumonic plague) or inhalation of infectious droplets (primary pneumonic plague), ▪ Pharyngitis and cervical lymphadenitis resulting from exposure to larger infectious droplets or ingestion of infected tissues (pharyngeal plague).	Presumptive: ▪ Elevated serum antibody titer(s) to *Yersinia pestis* fraction 1 (F1) antigen (without documented fourfold or greater change) in a patient with no history of plague vaccination, or ▪ Detection of F1 antigen in a clinical specimen by fluorescent assay Confirmatory: ▪ Isolation of *Y. pestis* from a clinical specimen, or ▪ Fourfold or greater change in serum antibody titer to *Y. pestis* F1 antigen

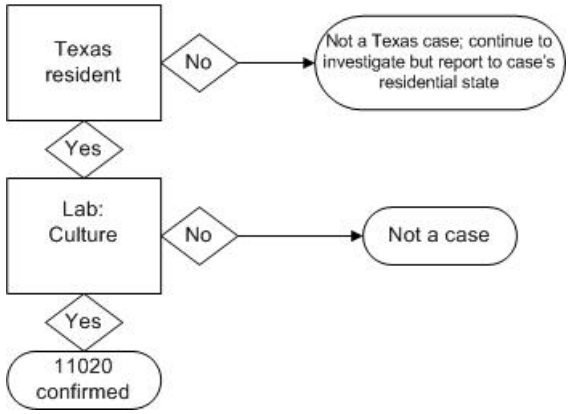
* Source: Chin, J. Control of Communicable Diseases Manual, 17th ed. Washington, DC: American Public Health Association; 2000.

Case Decision Flow-Charts

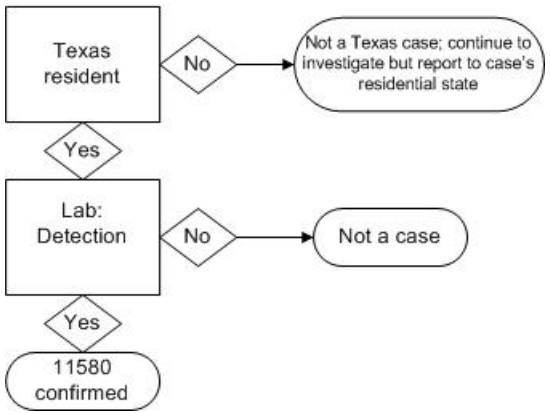
Botulism



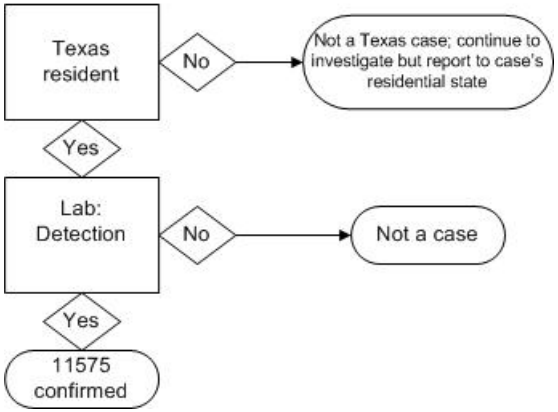
Campylobacteriosis

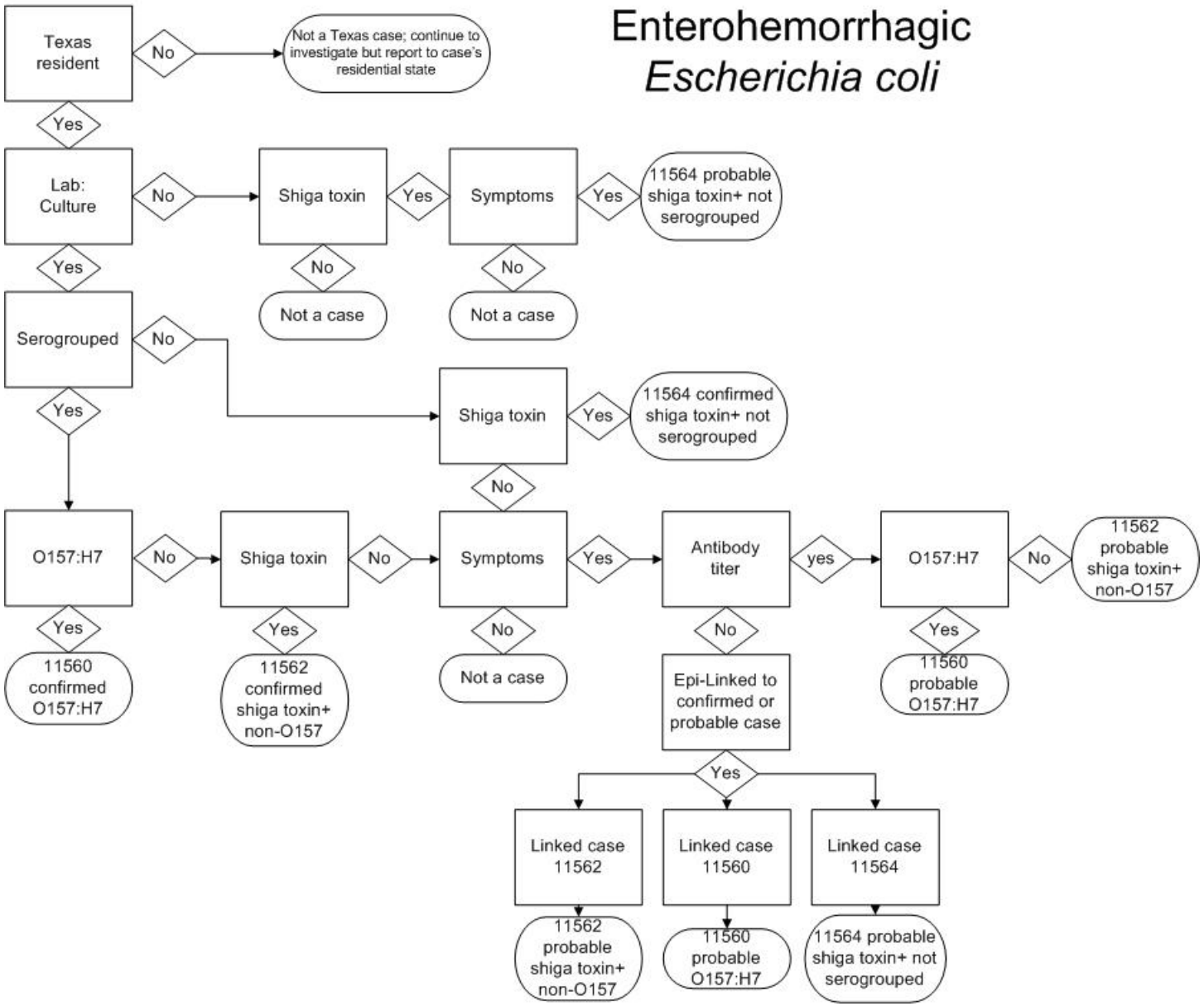


Cryptosporidiosis

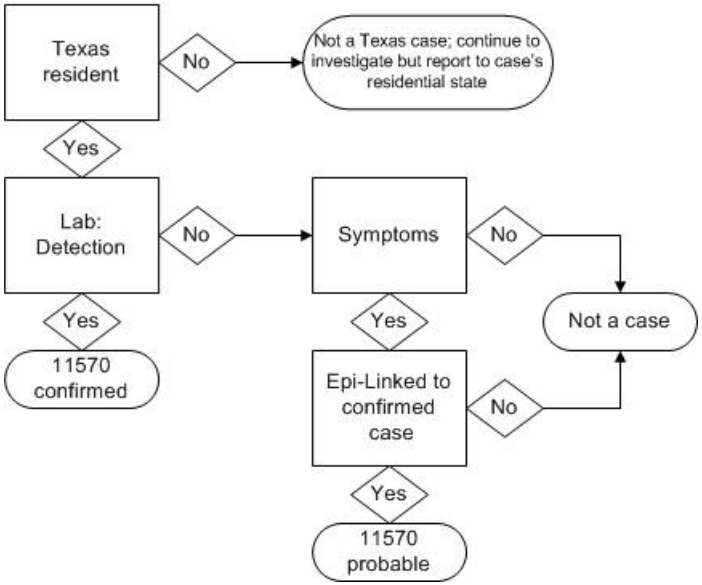


Cyclosporiasis

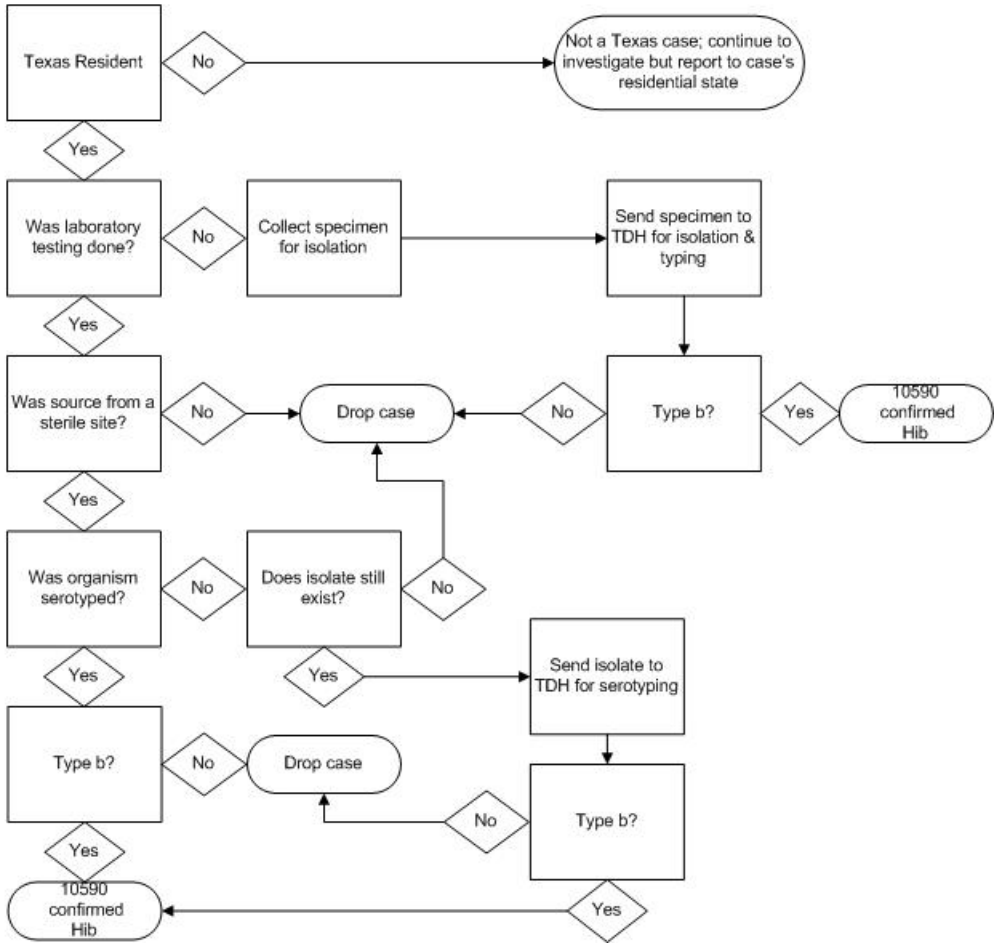



Enterohemorrhagic
Escherichia coli
Texas resident
No
Not a Texas case; continue to investigate but report to case's residential state
Yes
Lab: Culture
No
Shiga toxin
Yes
Symptoms
Yes
11564 probable shiga toxin+ not serogrouped
Yes
No
Not a case
No
Not a case
Serogrouped
No
Shiga toxin
Yes
11564 confirmed shiga toxin+ not serogrouped
Yes
No
O157:H7
No
Shiga toxin
No
Symptoms
Yes
Antibody titer
yes
O157:H7
No
11562 probable shiga toxin+ non-O157
Yes
Yes
No
Yes
11560 confirmed O157:H7
11562 confirmed shiga toxin+ non-O157
Not a case
Epi-Linked to confirmed or probable case
11560 probable O157:H7
Yes
Linked case 11562
Linked case 11560
Linked case 11564
11562 probable shiga toxin+ non-O157
11560 probable O157:H7
11564 probable shiga toxin+ not serogrouped

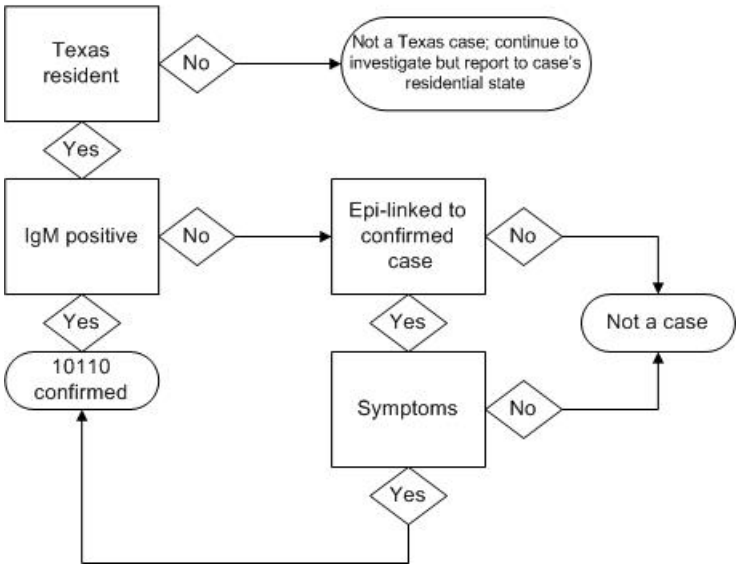
Giardiasis


Texas resident
No
Not a Texas case; continue to investigate but report to case's residential state
Yes
Lab: Detection
No
Symptoms
No
Not a case
Yes
11570 confirmed
Yes
Epi-Linked to confirmed case
No
Yes
11570 probable

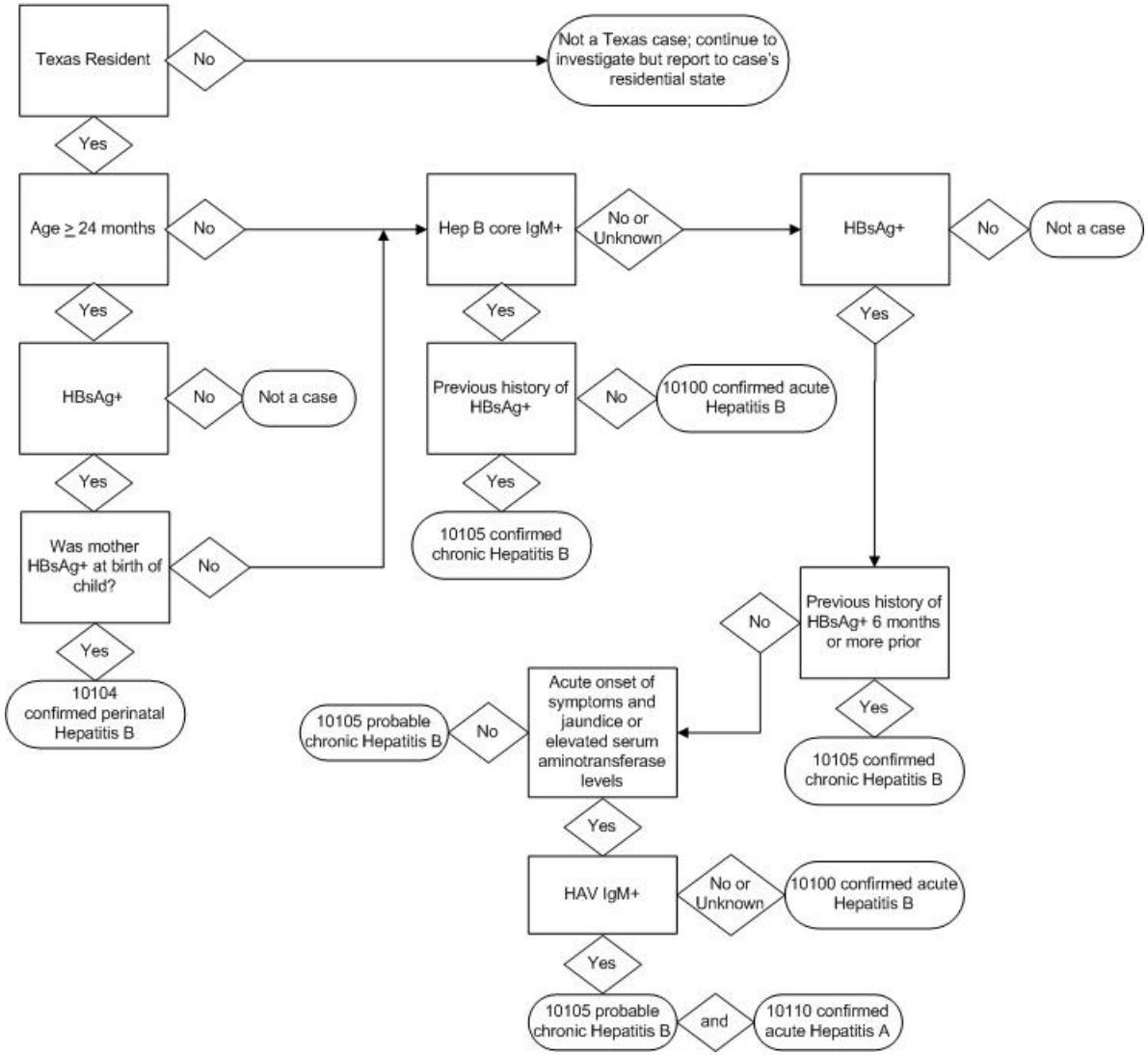
Haemophilus influenzae type b (Hib)

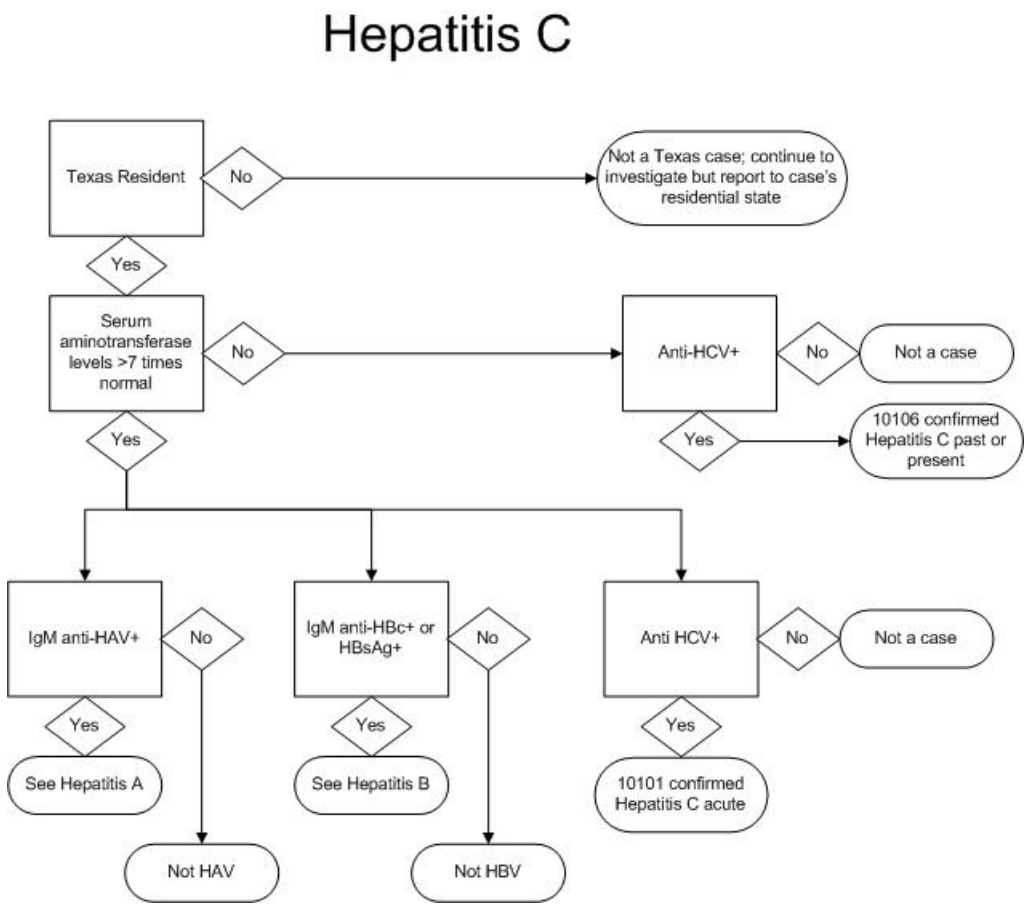


Hepatitis A

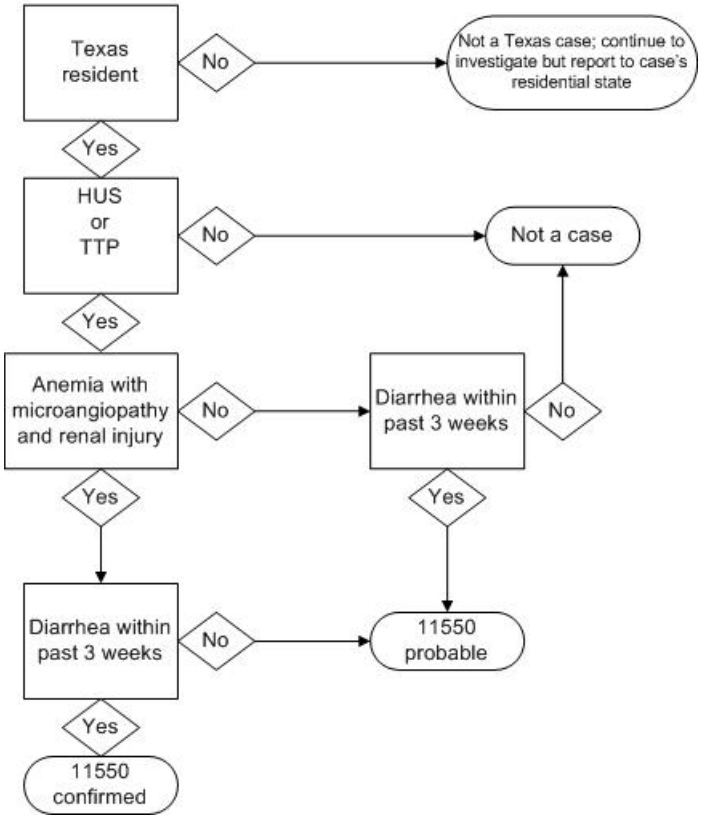

Texas resident
No
Not a Texas case; continue to investigate but report to case's residential state
Yes
IgM positive
No
Epi-linked to confirmed case
No
Yes
Not a case
Yes
10110 confirmed
Symptoms
No
Yes

Hepatitis B

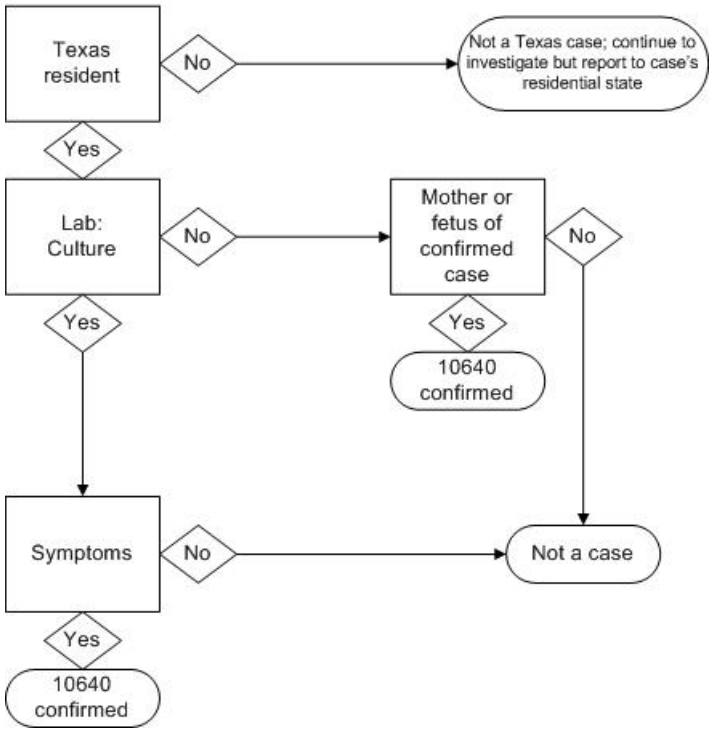

Texas Resident
No
Not a Texas case; continue to investigate but report to case's residential state
Yes
Age ≥ 24 months
No
Hep B core IgM+
No or Unknown
HBsAg+
No
Not a case
Yes
Yes
Yes
HBsAg+
No
Not a case
Previous history of HBsAg+
No
10100 confirmed acute Hepatitis B
Yes
Yes
Was mother HBsAg+ at birth of child?
No
10105 confirmed chronic Hepatitis B
Yes
10104 confirmed perinatal Hepatitis B
No
Previous history of HBsAg+ 6 months or more prior
Yes
10105 confirmed chronic Hepatitis B
10105 probable chronic Hepatitis B
No
Acute onset of symptoms and jaundice or elevated serum aminotransferase levels
Yes
HAV IgM+
No or Unknown
10100 confirmed acute Hepatitis B
Yes
10105 probable chronic Hepatitis B
and
10110 confirmed acute Hepatitis A


Hepatitis C
Texas Resident
No
Not a Texas case; continue to investigate but report to case's residential state
Yes
Serum aminotransferase levels >7 times normal
No
Anti-HCV+
No
Not a case
Yes
Yes
10106 confirmed Hepatitis C past or present
IgM anti-HAV+
No
IgM anti-HBc+ or HBsAg+
No
Anti HCV+
No
Not a case
Yes
Yes
Yes
See Hepatitis A
See Hepatitis B
10101 confirmed Hepatitis C acute
Not HAV
Not HBV

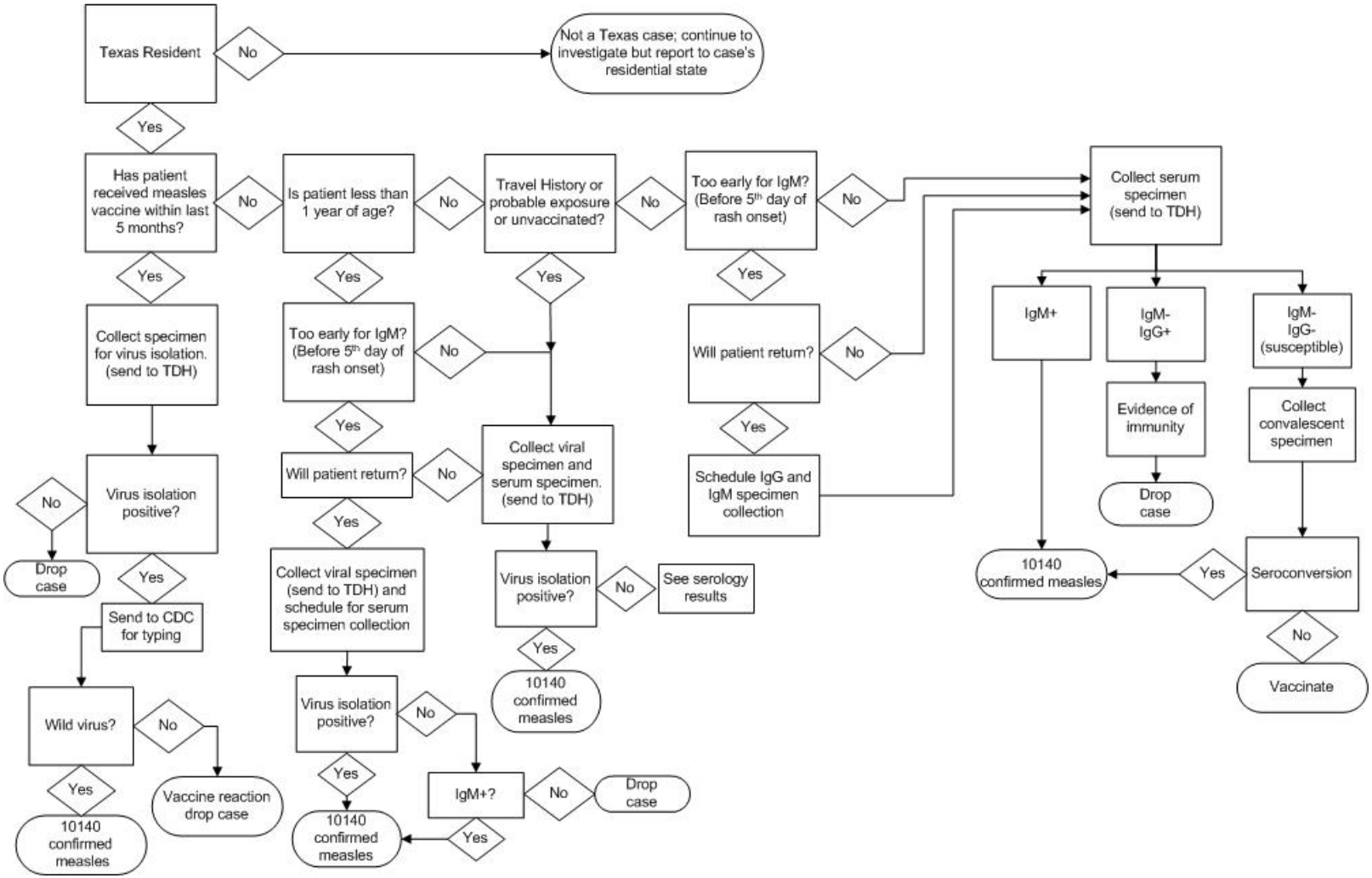
HUS/TTP


Texas resident
No
Not a Texas case; continue to investigate but report to case's residential state
Yes
HUS or TTP
No
Not a case
Yes
Anemia with microangiopathy and renal injury
No
Diarrhea within past 3 weeks
No
Yes
Yes
Diarrhea within past 3 weeks
No
11550 probable
Yes
11550 confirmed

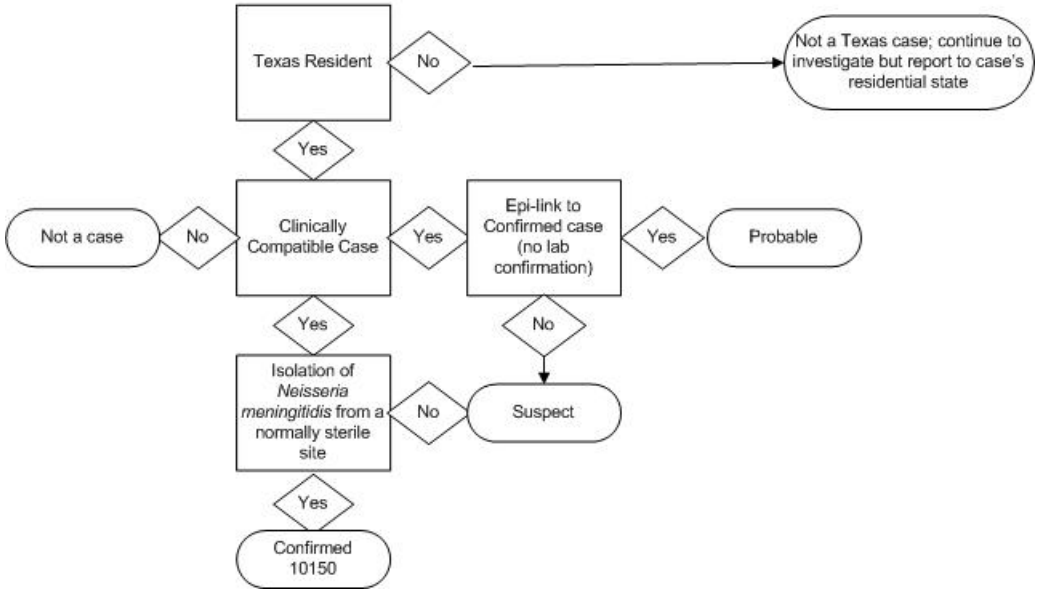
Listeriosis



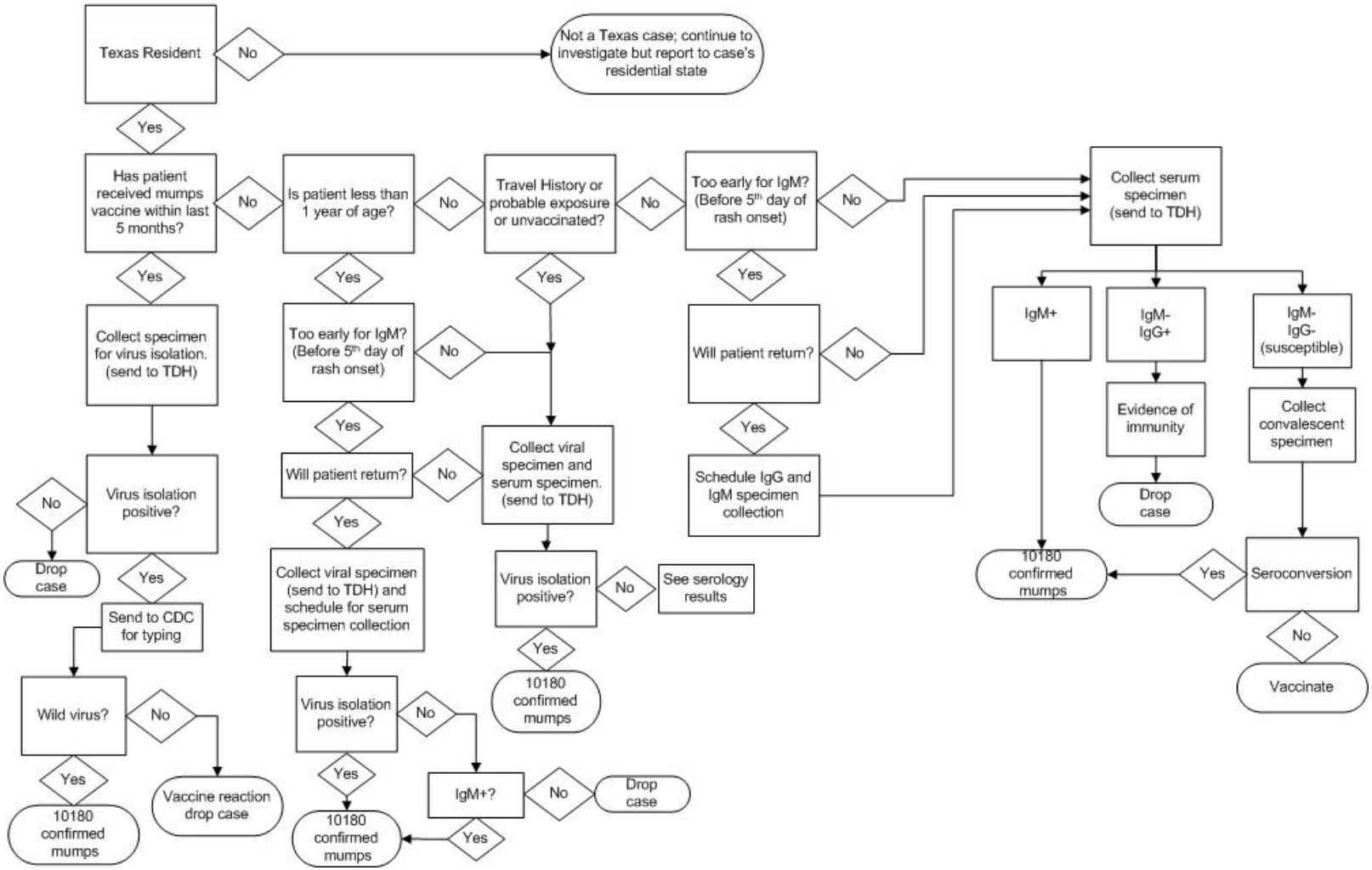
Measles


Texas Resident
No
Not a Texas case; continue to investigate but report to case's residential state
Yes
Has patient received measles vaccine within last 5 months?
No
Is patient less than 1 year of age?
No
Travel History or probable exposure or unvaccinated?
No
Too early for IgM? (Before 5th day of rash onset)
No
Collect serum specimen (send to TDH)
Yes
Collect specimen for virus isolation. (send to TDH)
Yes
Too early for IgM? (Before 5th day of rash onset)
No
Yes
Will patient return?
No
Yes
Schedule IgG and IgM specimen collection
IgM+
IgM- IgG+
IgM- IgG- (susceptible)
Evidence of immunity
Collect convalescent specimen
Drop case
No
Virus isolation positive?
Yes
Drop case
Send to CDC for typing
Yes
Will patient return?
No
Collect viral specimen and serum specimen. (send to TDH)
Yes
Collect viral specimen (send to TDH) and schedule for serum specimen collection
Virus isolation positive?
No
See serology results
Yes
10140 confirmed measles
10140 confirmed measles
Yes
Seroconversion
No
Vaccinate
Wild virus?
No
Yes
10140 confirmed measles
Vaccine reaction drop case
Virus isolation positive?
No
Yes
10140 confirmed measles
IgM+?
No
Drop case
Yes

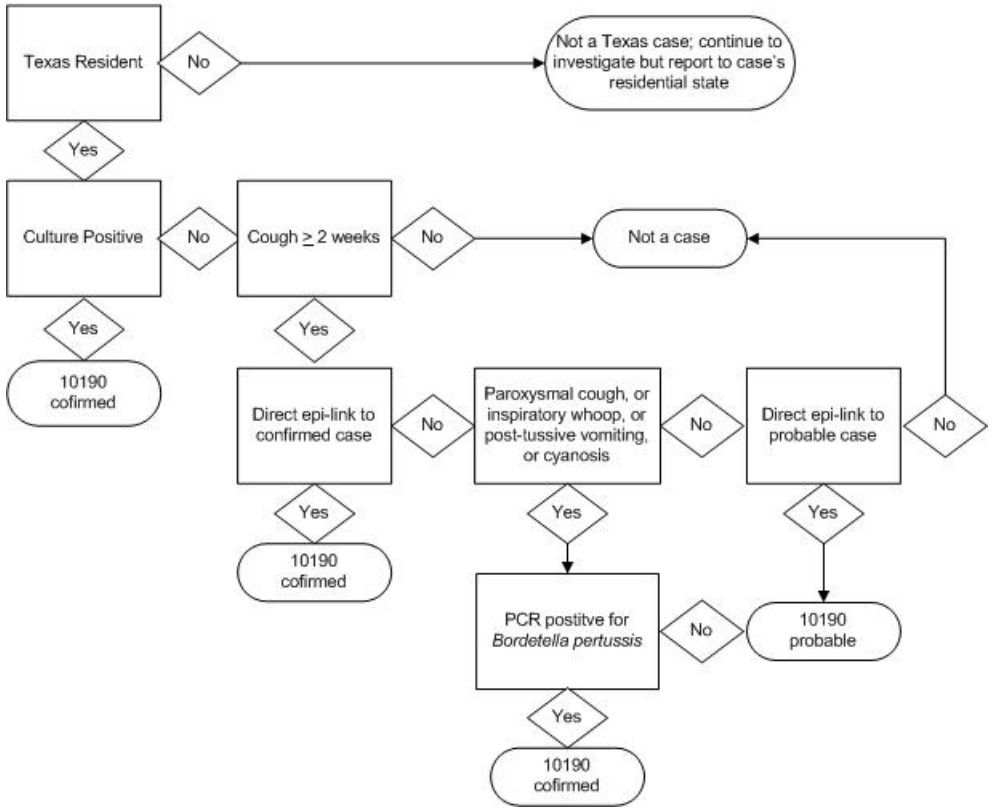
Meningococcal Disease



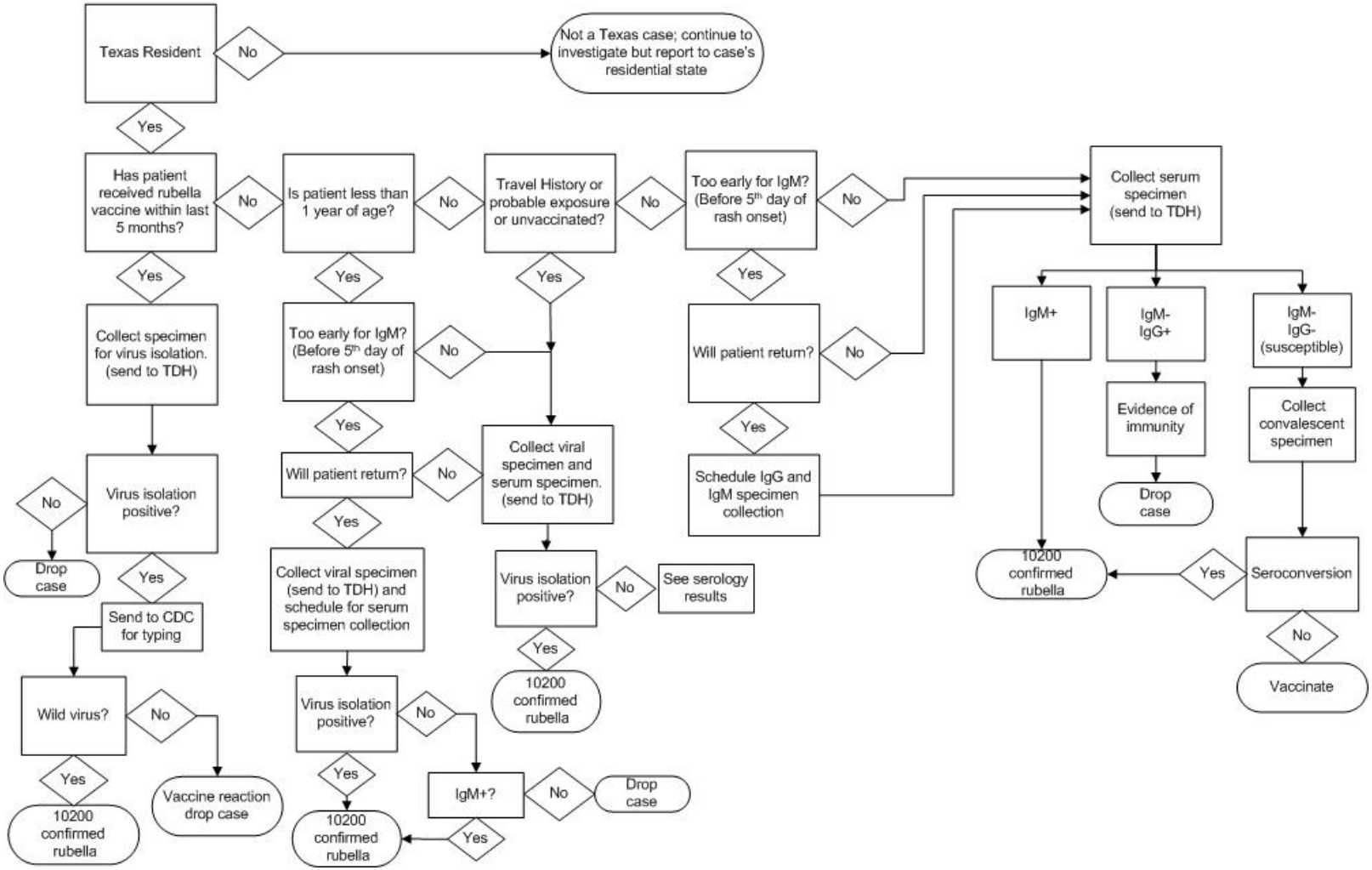
Mumps


Texas Resident
No
Not a Texas case; continue to investigate but report to case's residential state
Yes
Has patient received mumps vaccine within last 5 months?
No
Is patient less than 1 year of age?
No
Travel History or probable exposure or unvaccinated?
No
Too early for IgM? (Before 5th day of rash onset)
No
Collect serum specimen (send to TDH)
Yes
Collect specimen for virus isolation. (send to TDH)
Yes
Too early for IgM? (Before 5th day of rash onset)
No
Yes
Will patient return?
No
Yes
Schedule IgG and IgM specimen collection
IgM+
IgM- IgG+
IgM- IgG- (susceptible)
Evidence of immunity
Collect convalescent specimen
Drop case
No
Virus isolation positive?
Drop case
Yes
Send to CDC for typing
Wild virus?
No
Yes
10180 confirmed mumps
Vaccine reaction drop case
Will patient return?
No
Yes
Collect viral specimen (send to TDH) and schedule for serum specimen collection
Virus isolation positive?
No
Yes
10180 confirmed mumps
IgM+?
No
Drop case
Yes
Collect viral specimen and serum specimen. (send to TDH)
Virus isolation positive?
No
See serology results
Yes
10180 confirmed mumps
10180 confirmed mumps
Yes
Seroconversion
No
Vaccinate

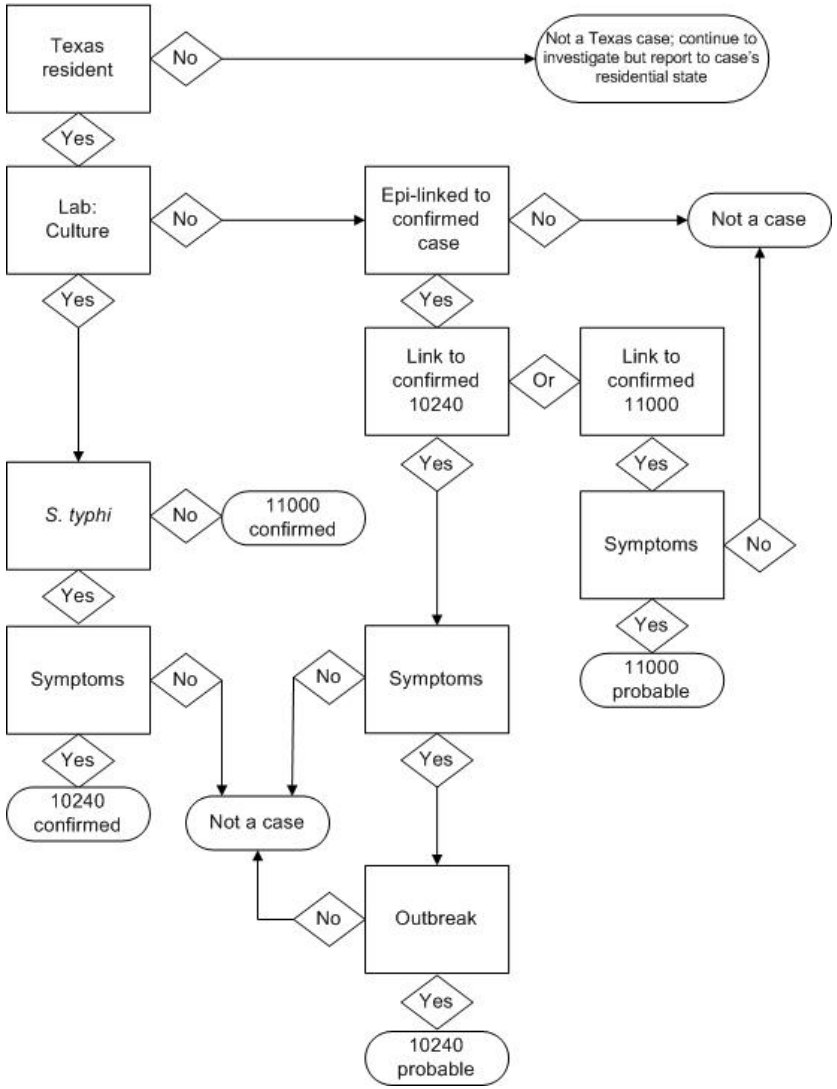
Pertussis


Texas Resident
No
Not a Texas case; continue to investigate but report to case's residential state
Yes
Culture Positive
No
Cough ≥ 2 weeks
No
Not a case
Yes
10190 cofirmed
Yes
Direct epi-link to confirmed case
No
Paroxysmal cough, or inspiratory whoop, or post-tussive vomiting, or cyanosis
No
Direct epi-link to probable case
No
Yes
10190 cofirmed
Yes
Yes
PCR postitve for Bordetella pertussis
No
10190 probable
Yes
10190 cofirmed

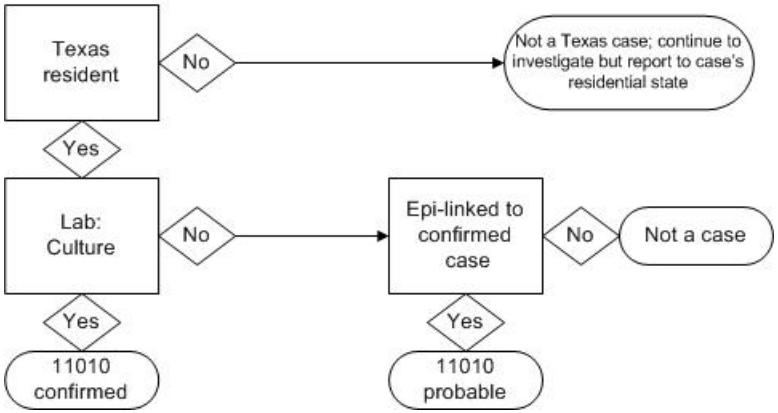
Rubella


Texas Resident
No
Not a Texas case; continue to investigate but report to case's residential state
Yes
Has patient received rubella vaccine within last 5 months?
No
Is patient less than 1 year of age?
No
Travel History or probable exposure or unvaccinated?
No
Too early for IgM? (Before 5th day of rash onset)
No
Collect serum specimen (send to TDH)
Yes
Collect specimen for virus isolation. (send to TDH)
Yes
Too early for IgM? (Before 5th day of rash onset)
No
Yes
Will patient return?
No
Yes
Schedule IgG and IgM specimen collection
IgM+
IgM- IgG+
IgM- IgG- (susceptible)
Evidence of immunity
Collect convalescent specimen
Drop case
Virus isolation positive?
No
Drop case
Yes
Send to CDC for typing
Wild virus?
No
Vaccine reaction drop case
Yes
10200 confirmed rubella
Will patient return?
No
Yes
Collect viral specimen (send to TDH) and schedule for serum specimen collection
Virus isolation positive?
No
Yes
10200 confirmed rubella
Collect viral specimen and serum specimen. (send to TDH)
Virus isolation positive?
No
See serology results
Yes
10200 confirmed rubella
IgM+?
No
Drop case
Yes
10200 confirmed rubella
10200 confirmed rubella
Yes
Seroconversion
No
Vaccinate

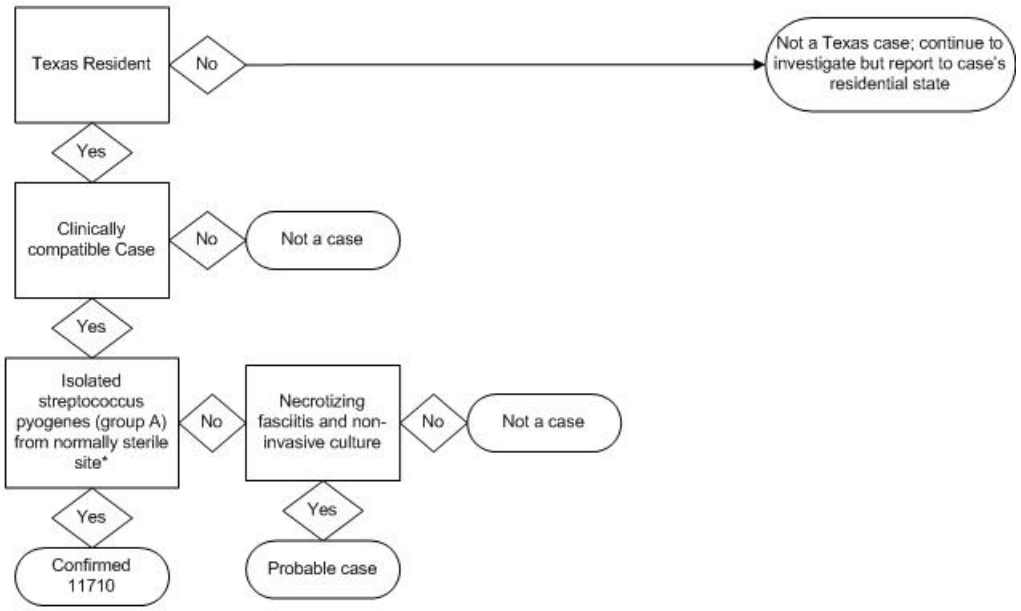
Salmonellosis/Typhoid Fever



Shigellosis

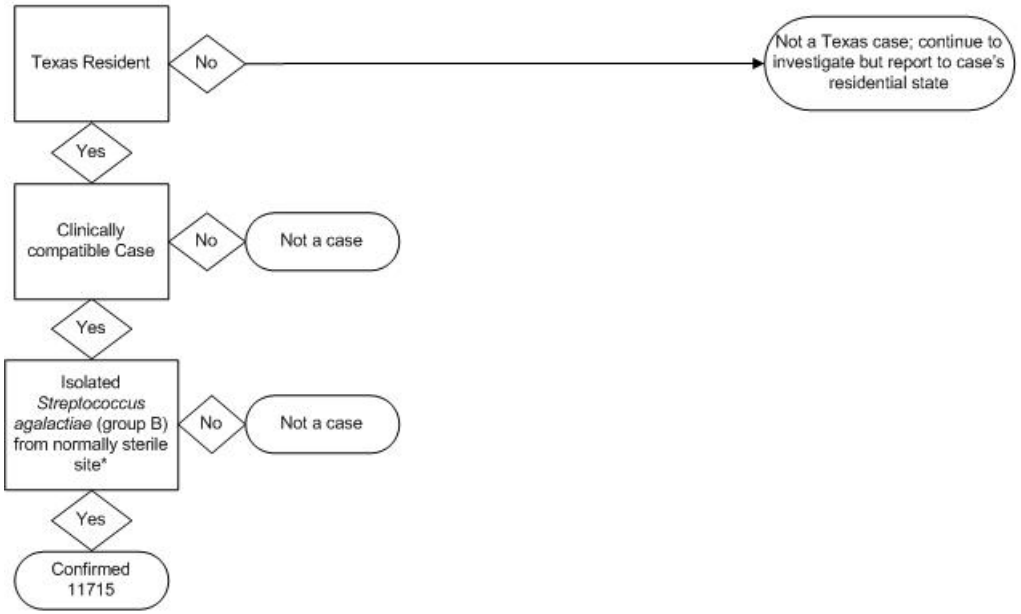


Invasive Group A Streptococcus (*Streptococcus pyogenes*)



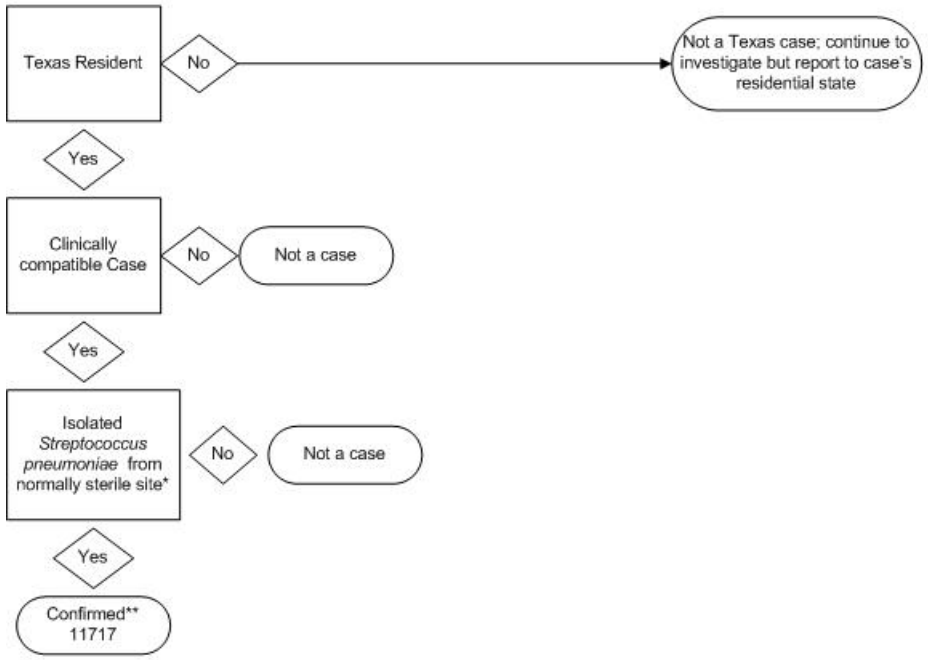
*If Group A Strep is isolated in CSF, case should be reported as Invasive Group A Strep (11710) and Bacterial Meningitis (10650)

Invasive Group B Streptococcus (*Streptococcus agalactiae*)



*If Group B Strep is isolated in CSF, it will be reported as Invasive Group B Strep (11715) and Bacterial Meningitis (10650).

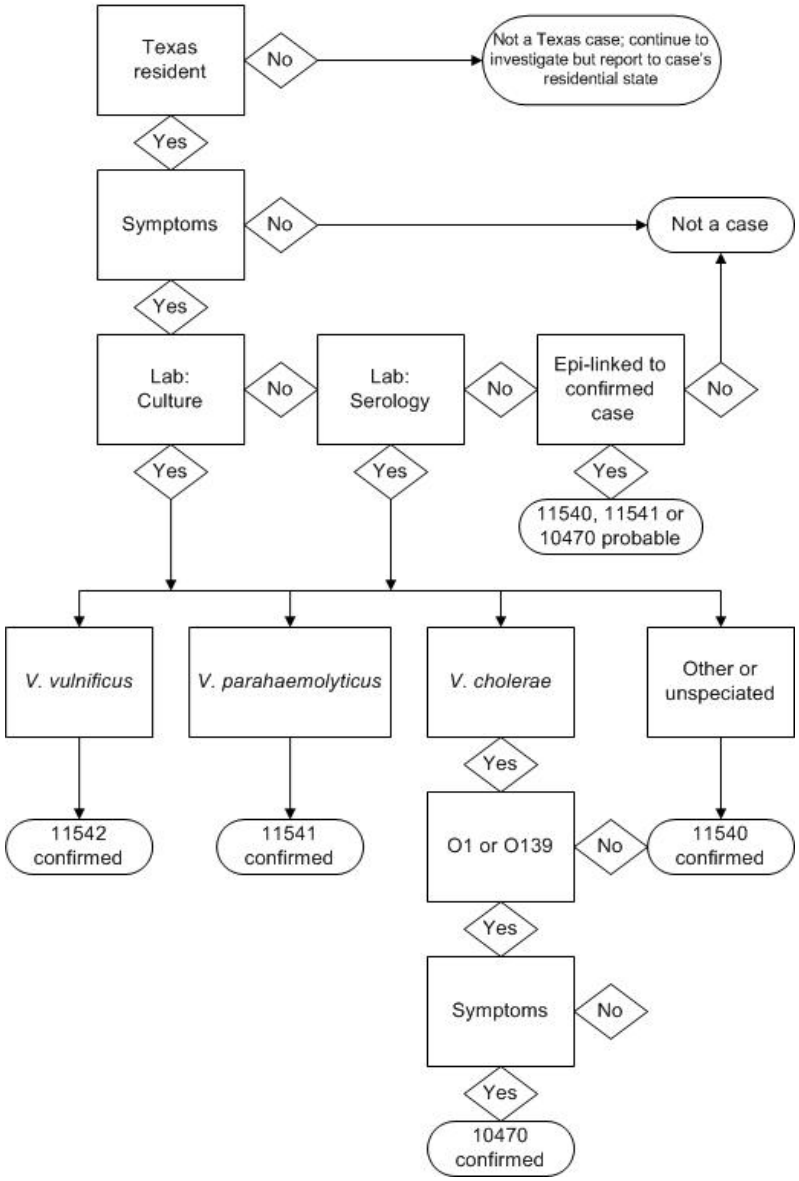
Invasive *Streptococcus pneumoniae*



*If Strep pneumo is isolated from CSF, it should be reported as Invasive Strep Pneumo (11717) and Bacterial Meningitis (10650).

**If case is <5 years old, case should be investigated by the Immunization Division.

Vibriosis


Texas resident
No
Not a Texas case; continue to investigate but report to case's residential state
Yes
Symptoms
No
Not a case
Yes
Lab: Culture
No
Lab: Serology
No
Epi-linked to confirmed case
No
Yes
Yes
Yes
11540, 11541 or 10470 probable
V. vulnificus
V. parahaemolyticus
V. cholerae
Other or unspeciated
Yes
11542 confirmed
11541 confirmed
O1 or O139
No
11540 confirmed
Yes
Symptoms
No
Yes
10470 confirmed

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Austin, Texas • August 2003
Publication No. E59-11841